# **TSD File Inventory Index**

Date: March 17,2006
Initial: MKerewas

Facility Identification Number:	1 015 D	7h 527	
A.1 General Correspondence		B.2 Permit Docket (B.1.2)	T
A.2 Part A / Interim Status		.1 Correspondence	1
.1 Correspondence		.2 All Other Permitting Documents (Not Part of the ARA)	+
.2 Notification and Acknowledgment	TV	C.1 Compliance - (Inspection Reports)	
.3 Part A Application and Amendments	T.	C.2 Compliance/Enforcement	+
4 Financial Insurance (Sudden, Non Sudden)	×	.1 Land Disposal Restriction Notifications	+
.5 Change Under Interim Status Requests		.2 Import/Export Notifications	+
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents	+
3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	$\dagger$
.1 Correspondence		.1 RFA Correspondence	+
.2 Reports		.2 Background Reports, Supporting Docs and Studies	+
4 Closure/Post Closure	V	.3 State Prelim. Investigation Memos	
.1 Correspondence	V	.4 RFA Reports	-
.2 Closure/Post Closure Plans, Certificates, etc		D. 2 Corrective Action/Facility Investigation	
5 Ambient Air Monitoring		.1 RFI Correspondence	
.1 Correspondence		.2 RFI Workplan	L
.2 Reports		2 DELD	
Administrative Record		.3 RFI Program Reports and Oversight	
		5 RFI QAPP	

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.6 RFI QAPP Correspondence	.8 Progress Reports
.7 Lab Data, Soil-Sampling/Groundwater	D.5 Corrective Action/Enforcement
.8 RFI Progress Reports	.1 Administrative Record 3008(h) Order
.9 Interim Measures Correspondence	.2 Other Non-AR Documents
.10 Interim Measures Workplan and Reports	D.6 Environmental Indicator Determinations
0.3 Corrective Action/Remediation Study	.1 Forms/Checklists
.1 CMS Correspondence	E. Boilers and Industrial Furnaces (BIF)
.2 Interim Measures	.1 Correspondence
.3 CMS Workplan	.2 Reports
.4 CMS Draft/Final Report	F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)
.5 Stabilization	G.1 Risk Assessment
.6 CMS Progress Reports	.1 Human/Ecological Assessment
.7 Lab Data, Soil-Sampling/Groundwater	.2 Compliance and Enforcement
4 Corrective Action Remediation Implementation	.3 Enforcement Confidential
.1 CMI Correspondence	.4 Ecological - Administrative Record
.2 CMl Workplan	.5 Permitting
.3 CMI Program Reports and Oversight	.6 Corrective Action Remediation Study
.4 CMI Draft/Final Reports	.7 Corrective Action/Remediation Implementation
.5 CMI QAPP	.8 Endangered Species Act
.6 CMI QAPP Correspondence	.9 Environmental Justice
1 Las Data - Loi Lamping / Kreunder elle	

Note: Transmittal Letter to Be Included with Reports Comments:
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# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

AL PROTEMPR 1 4 1982

UNITED STATES

REPLY TO ATTENTION OF: RCRA ACTIVITIES

Mr. B.M. Smith
Caterpillar Tractor Co., Inc.
P.O. Box 504
Joliet, Illinois 60434

RE: Interim Status Acknowledgement USEPA ID No. ILD005070537 FACILITY NAME: Caterpillar Tractor Co., Inc.

Dear Mr. Smith:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

4/14/82

Enclosure

cc: Donald F. Dominick



#### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	•	ILD005070537	REAC	KNOWLE	DGEMENT
		CATERPILLAR TRAC PO BOX 504 JOLIET	TORICO	INC	60434
INSTALLATION ADDRESS		CHANNAHON RD RT	6	, <b></b>	60434

EPA Form 8700-12B (4-80)

09/28/81

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in the unshaded areas only.

Form Approved OMB No. 158-S79016

GSA No. 0246-EPA-OT

DESCRIPTION OF HA	ZARDOUS WASTI	S (continued from ,	front)		
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and june mjormenom,				naint)	DATE SIGNED
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	mille			LER	8/5/80

#### CATERPILLAR INC.

Joliet, Illinois 60434-0504

August 8, 1989

R.C.R.A. Section Region 5 United States Environmental Protection Agency 230 South Dearborn St. Chicago, IL 60604

Gentlemen:

Revision of Part A; ILD005070537

Enclosed is the revised Part A form for this Joliet facility. Please replace the FORM 3 pages with the enclosed ones. This will show the addition of lines 15 thru 26 on page 3A for various lab pack of laboratory chemicals. All other information and documents should remain the same.

Sincerely

Dung Kuster 8/23/84

Environmental Coordinator

GMKantner Plant Engineering - B05 Tel.: 815-729-6270 rcrarev.doc

enc1.

cc: Permit Section Division of Land Pollution Control Illinois Environmental Protection Agency 2200 Churchill Road Springfield, Illinois 62706

SEP 0 7 1989

U. S. EPA, REGION V SWB - PMS

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EPA Form 3510-3 (6-80)

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Lab Pack

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EPA I.D. NO. (enter from page 1)			
FILD00505070537			
1 2 13 14 15			
V. FACILITY DRAWING	action of the state of the second of the second		
All existing facilities must include in the space provided on	page 5 a scale drawing of the facility (see instru	ictions for more detail).	
VI. PHOTOGRAPHS			
All existing facilities must include photographs (aeri	<i>ial or ground—level)</i> that clearly delineate	all avietina etructures: evi	sting storage
		an existing structures, exi	
treatment and disposal areas; and sites of future stor	rage, treatment or disposal areas <i>(see instr</i>	ructions for more detail).	
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PAGE 4 OF 5

EPA Form 3510-3 (6-80)

CONTINUE ON PAGE 5

# CATERPILLAR INC.

Joliet, Illinois 60434

1. 11.

TIAK 2 6 1988

February 16, 1988

SWB - FINS YV

REGETVED

SOLID WASTE BRANCH

U.S. EPA, REGION V

R.C.R.A. Section
Region V
United States Environmental Protection Agency
230 South Dearborn St.
Chicago, Illinois 60604

cc: Carrie L. Agrall
Environmental Protection Engineer
Permit Section
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Re: Revised Part A ILD 005070537

Gentlemen:

Enclosed is the revised part A form for this Joliet facility with the misplaced pages. Please replace the previous information with the enclosed information. All other information and documents should remain unchanged.

These changes update the current practices.

Day Venser 2123/08

Gary Kantner

Environmental Coordinator

815-729-6270

bc/gk021688

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ILD 005070537 Caterpillar Inc. Channahon Rd., Rt. 6 February, 1988 - Part A Revision

### Form 1:

No Change

## Form 3:

IV. Description of Hazardous Waste: Added waste numbers D009 and U226.

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CONTINUED FROM THE FRONT				
VII. SIC CODES (4-digit, in order of priority)				America and
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(specify)	r T	(specify)		
112 113	15 16	100		
VIII OPERATOR INFORMATION	A. NAME			B. Is the name listed in
			11111	item VIII-A also the owner?
8 CATERPILLAR INC.				XYES □ NO
C. STATUS OF OPERATOR (Enter the appropriate le		"Other" mosts	D. BYO	55
F = FEDERAL M = PUBLIC fother than federal or		Oliter , specify.)		IE (area code & no.)
S = STATE 0 = OTHER (specify) P = PRIVATE	P 56		A 3 0 9	6.7.5 1.0.0.0
E, STREET OR P.O. BO	×			
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・ B. CIC [Underground Injection of Fluids]	E. OTHER (specif		specify)	
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C. RCRA (Hazardous Wastes)	E. OTHER (specif		1 (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
9 R 9		· · · · · / /	(specify)	* . **•
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Attach to this application a topographic map of the	area extending to at leas	t one mile beyond	property boundaries	The map must show
the outline of the facility, the location of each of it	s existing and proposed	intake and discha	rge structures, each o	of its hazardous waste
treatment, storage, or disposal facilities, and each w water bodies in the map area. See instructions for pre		is underground, in	clude all springs, riv	ers and other surface
XII. NATURE OF BUSINESS (provide a brief description)				
_				
Manufacture of:				
Earthmoving equipment and co	mponents.		1	
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•				
XIII. CERTIFICATION (see instructions)				
I certify under penalty of law that I have personally	examined and am famil	iar with the inform	nation submitted is t	hie anniication and all
attachments and that, based on my inquiry of the	se persons immediately	responsible for o	btaining the informa	tion contained in the
application, I believe that the information is true, a false information, including the possibility of fine and	ccurate and complete. I d imprisonment	am aware that th	ere are significant pe	naities for submitting
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	design of the same		C. DATE SIGNED
John M. Barrowman, Plant Manager				
COMMENTS FOR OFFICIAL USE ONLY				
C				ing representation of the professional

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

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	CESSES	

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code~"T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

#### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

(1)	ENGLISH UNIT OF	= MEASURE	연극하다 되었다는 반작한다	CODE		METRIC UNIT	OF MEACINE	Charles in the State of State of the State o	~~=
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If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

- 1. PROCESS CODES:
  - For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				D CCTILLATED AND A				D					D. PROCESSES				
WA:	ST	Εħ	10	QUANTITY OF WASTE	1 (e	JRE		1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))						
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Continued from the front.			100		
IV. DESCRIPTION OF HAZARDOUS WASS					
E. USE THIS SPACE TO LIST ADDITIONAL	PROCESS CODES FROM	ITEM D(1) ON P	AGE 3.		
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EPA I.D. NO. (enter from page 1)					
FILD 0 0 5 0 7 0 5 3 7 6					
V. FACILITY DRAWING				T 2 (4.54) 45 (4.44)	E. J. S. A. Sevia
All existing facilities must include in the space provide	d on page 5 a scale drawing	of the facility <i>(see ins</i> )	tructions for more de	tail)	
VI. PHOTOGRAPHS	The page of a coale arouning	All and the state of the state	ardetrons for more de	Maria de la Maria dela Maria dela Maria dela Maria dela Maria de la Maria dela	
All existing facilities must include photographs	(aerial or ground—level)	that clearly delinea	te all existing struc	ctures: existing storag	ie.
treatment and disposal areas; and sites of future	storage, treatment or di	sposal areas (see ins	structions for more	detail).	raks kagunaka
VII CILITY GEOGRAPHIC LOCATION				galan alai Pasi 46 Januari	
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65 66 67 68 69 - 7	1		72 - 74 75 7	6 77 - 79	
VIII. FACILITY OWNER					
A. If the facility owner is also the facility operate skip to Section IX below.	or as listed in Section VIII o	n Form 1, "General In	nformation", place an	"X" in the box to the I	left and
B. If the facility owner is not the facility operato	or as listed in Section VIII or	Form 1, complete th	e following items:		
1. NAME OF F	ACILITY'S LEGAL OWNE	R		2. PHONE NO. (area	code & no.)
G I					HIT
E 15 16			55	56 - 58 59 - 61	62 - 65
3. STREET OR P.O. BOX		4. CITY OR TOWN	5.5	ST. 6. ZIP CC	DDE
F	Ġ				
15 16	45 15 16		40 41	42 47 -	51
IX. OWNER CERTIFICATION					Real Property
I certify under penalty of law that I have person documents, and that based on my inquiry of the	nally examined and am ta ose individuals immediat	amiliar with the into	ormation submitte obtaining the info	d in this and all attac mation. I believe tha	thed
submitted information is true, accurate, and cor	mplete. I am aware that t	there are significant	penalties for subn	nitting false informat	ion,
including the possibility of fine and imprisonme	ent.			5	
A. NAME (print or type)	B. SIGNATURE		С	DATE SIGNED	
John M. Barrowman, Plant Manag	an Olas	i and Day a		11112X	
	BET WAY	MIDHING		716100	
X, OPERATOR CERTIFICATION					
I certify under penalty of law that I have person	nally examined and am fa	amiliar with the info	ormation submitte	d in this and all attac	ched
doci its, and that based on my inquiry of the submitted information is true, accurate, and con	ose individuals immediat	ely responsible for a	obtaining the info	rmation, I believe tha	t the
including the possibility of fine and imprisonme	npicto. i ani avvare triat t ent.	anere ar <b>e s</b> ignificant	Penaities for SUDN	ntting raise informat	1011,
A. NAME (print or type)	BISIGNATURE			. DATE SIGNED	
	De all	^-		DATE SIGNED	
John M. Barrowman, Plant Manag	ger VV	w some	$\sim$ $ $	2116 180	

PAGE 4 OF 5

CONTINUE ON PAGE 5

EPA Form 3510-3 (6-80)

NOTE: Photocopy this page before completing if you have more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) D 0 0 5 0 0 75 3 DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) A. EPA HAZARD. WASTENO D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE Z Ö. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) 29 27 36 29 27 Т 1  $F \mid 0 \mid 0$ 6 T 0 1 1500 Т F 0 0 5 30 S 0 1 3 F 0 0 3 Included with above D 0 0 1 15 S 0 1 Τ 5 D 0 0 3 15 Τ S 0 1 D 0 0 7 240  $\mathbf{T}$ S 0 1 7 D 0 0 2 Included with above D 0 0 2 50 Т S 0 1 7 D 0 0 Т 30 S 0 1 10 D 0 0 8 Included with above 11 D 0 0 Included with above 12 D 0 0 9 50 P S 0 1 Lab Pack 13 U 2 2 6 1 S 0 1 Lab Packs 14 F 0 0 1 1000 P S 0 1 15 16 17 18 19 20 21 22 ŗ 23 24 25 26

Cantinuad	f	A	
Continued	rrom	Dage 4.	2

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING (see page 4)

(\* swage to de s

#### CATERPILLAR INC.



Joliet, Illinois 60434

K

July 8, 1987

JUL 3 1 1987

6, TSD, PA

R.C.R.A. Section
Region V
United States Environmental Protection Agency
230 South Dearborn St.
Chicago, Illinois 60604

cc: Robert A. Carson
Environmental Protection Engineer
Permit Section
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706



#### Gentlemen:

Enclosed are revised part A forms for the two Joliet facilities. Please replace the previous information with the enclosed information. All other information and documents should remain unchanged.

These changes update the current practices.

Gary Kantner

Environmental Coordinator

815-729-6270

bc/gk070887

		Voga National Constant National Constant	
·			
			·

ILD 005070537 Caterpillar Inc. Channahon Rd., Rt. 6 July, 1987 - Part A Revision

#### Form 1:

III, IV, and V updated

#### Form 3:

IIB: This is a revised application.

IIIC: Process Codes

S02 (5000 gallon tank) is a process tank that has never been used for "waste" and so is being removed from the application.

TO1 (75,000 gallon/day) is part of N.P.D.E.S. permit and so is removed from the application.

IV. Description of Hazardous Waste:

Due to process changes and clarification delete F001, F007, F008, F009, F010, F012, F017, F018.

Replace with F006, F005/F003, D001, D003, D007/D002, D007/D008/D002.

Waste streams D002 and F006 had volume changes.



Please print or type in the unshaded areas only fill—in areas are spaced for elite type, i.e., 12 char				Form Approved	OMB No. 158-R0	175
	GENERAL	INFORM	ogram .	FILDO	0.5.0.7.0.5	5,3,7 D
I. EPA I.D. NUMBER				If a preprinted it in the design	label has been presented space. Review if any of it is in	rovided, affix w the inform-
III. FACILITY NAME				through it and appropriate fill-	enter the correct in area below, A data is absent (the	t data in the Also, if any of
V FACILITY PLE	ASE PLACE I	ABEL IN	THIS SPACE	thet should app	el space lists the pearl, please prov area(s) below, If orrect, you need	vide it in the the label is
FACILITY				Items 1, III, V	l, and VI (except leted regardless), el has been provid	t VI-B which Complete all
VI. LOCATION					is for detailed in the legal authoria is collected,	
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to d	etermine whether	you need to	submit any permit applic	ation forms to the EPA	√ If you answer "'	yes" to any
questions, you must submit this form and the if the supplemental form is attached. If you are is excluded from permit requirements; see Secti	supplemental form nswer "no" to eac	n listed in the th guestion, vo	parenthesis following the ou need not submit any o	e question. Mark "X" in If these forms. You may	n the box in the th ranswer "no" if yo	nird column our activity
SPECIFIC QUESTIONS		ARK X HO FORM ATTACHED		FIC QUESTIONS	VES	MARK'X'
A. Is this facility a publicly owned treatment which results in a discharge to waters of (FORM 2A)	ent works the U.S.?	X 12 13	aquatic animal prod	ility <i>leither existing or</i> ted animal feeding op action facility which if the U.S.? (FORM 2B	peration or results in a	X 20 21
C. Is this a facility which currently results in to waters of the U.S. other than those do A or B above? (FORM 2C)	discharges escribed in X		D. Is this a proposed fa in A or B above) w waters of the U.S.?	hich will result in a d	e described	X 26 27
E. Does or will this facility treat, store, or hazardous wastes? (FORM 3)	A 25	28 30	taining within one	inject at this facility in pelow the lowermost st quarter mile of the s of drinking water? (Fo	tratum con- well bore,	X 32 33
G. Do you or will you inject at this facility any water or other fluids which are brought to in connection with conventional oil or natural duction, inject fluids used for enhanced roil or natural gas, or inject fluids for storage.	the surface ral gas pro- ecovery of	X	process, solution m tion of fossil fuel, (	inject at this facility flu as mining of sulfur by ining of minerals, in si or recovery of geothers	the Frasch itu combus-	x
hydrocarbons? (FORM 4)  1. Is this facility a proposed stationary source one of the 28 industrial categories listed	ie which is in the in-	30 36		3 industrial categories l	listed in the	3.0
structions and which will potentially emi- per year of any air pollutant regulated Clean Air Act and may affect or be loc attainment area? (FORM 5)	under the	X 42	per year of any air p	ich will potentially em collutant regulated und fect or be located in an	er the Clean	X
III. NAME OF FACILITY SECOND						
18 16 - 25 30 IV. FACILITY CONTACT	I N G	e e				
	TLE (last, first, & )  V COO	title) I I I I I I R D I N	A T O R	8, PHONE farea co	de & no.) 6 2 7 0	
V, FACILITY MAILING ADDRESS	T OR P.O. BOX			45 - 41 49 - 81	55 S	
3 B O 5 P O B o x 5 O	<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>	, , , , , , , , , , , , , , , , , , , ,			
8. CITY OR TO	own I I I I	T. J. T. T.	C.STATE D. ZII	P CODE 1 1 4 3 4		
4 J.o.l.i.e.t.  VI. FACILITY LOCATION			31 52 1	<del>- 1</del>		
A. STREET, ROUTE NO. O  Channahon R.D.,	ROTHER SPECI R.T. 6	FIC IDENTIFI				
B. COUNTY NA W 1 1 1	ME	T T T T	70			
c, city or t	own		DISTATE E. ZII	PCODE F. COUNT (if knows 1 4 3 5		
13 16 15 16 16 16 16 16 16 16 16 16 16 16 16 16			45.45		54	ON DEVERSE

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CONTINUED FROM THE FRONT	
VII. SIC CODES (4-digit, in order of priority)	
A. F(RST	B. SECOND (specify)
7 3,5,3,1 EARTHMOVING EQUIPMENT COMPANIES	(specify)
C. THIRD	D, FOURTH
c. THED	(specify)
[7]	laboration
VIII. OPERATOR INFORMATION	198
A. NAME	B. Is the name listed in
	Item VIII-A also the owner?
8 C.A.T.E.R.P.I.L.L.A.R. I.N.C.	
10 10	32 66
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box, if "Othe	r'', specify.) D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) (specify) S = STATE O = OTHER (specify) P	A 3 0 9 6 7 5 1 0 0 0
S = STATE O = OTHER (specify) P = PRIVATE  8	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
E. STREET OR P.O. BOX	
1 0 0 N.E. A.D.A.M.S.	
#	58
F. CITY OR TOWN G.STA	
BPEORTA TA	Is the facility located on Indian lands?
	6,1,6,2,9
15	47 - 51
X. EXISTING ENVIRONMENTAL PERMITS  A. NPDES (Discharges to Surface Water)  D. PSD (Air Emissions from Proposed	Vousage)
C T 1 T T T T T T T T T T T T T T T T T	
9 N I L 0 0 1 7 3 2 9 P	
15 16 17 16 - 30 15 16 17 18 - 30 15 16 17 18 - 30 15 16 17 18 - 30 15 16 17 18 - 30 15 16 17 18 - 30 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	30
	(specify)
9 U   9   1	
C, RCHA (Hazardous Wastes) E. OTHER (specify)	
	(specify)
9 R 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
XI. MAP	
Attach to this application a topographic map of the area extending to at least one	mile beyond property bounderies. The map must show
the outline of the facility, the location of each of its existing and proposed intak	
treatment, storage, or disposal facilities, and each well where it injects fluids und water bodies in the map area. See instructions for precise requirements.	erground, include all springs, rivers and other surface
XII. NATURE OF BUSINESS (provide a brief description)	
Manufacture of:	
Earthmoving equipment and components.	
	·
f .	
XIII, CERTIFICATION (see instructions)	
I certify under penalty of law that I have personally examined and am familiar with	th the information submitted in this application and all
attachments and that, based on my inquiry of those persons immediately response application, I believe that the information is true, accurate and complete. I am a	PASIBLE FOR OBTAINING THE INTORMATION CONTAINED IN THE
false information, including the possibility of fine and imprisonment,	The man there are eginneant penerals for submitting
A. NAME & OFFICIAL TITLE (type or print) BASIGNATURE	C. DATE SIGNED
RAMORA	-57MB- 1.28.87
John M. Barrowman, Plant Manager	manue   F. LO. OT
COMMENTS FOR OFFICIAL USE ONLY	
	1 1 1 1 1 1 1 1 1 1 5 55

Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 character—ch).	Form Approved OMB No. 158-S80004
FORM HAZARDOUS WASTE PERMIT APPLICATION	EPA I.D. NUMBER
Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	FILD005070537
FOR OFFICIAL USE ONLY	Andrew Co. Co.
APPROVED (yr., mo., & day)	
23 24 - 29	
II. FIRST OR REVISED APPLICATION  Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first	application you are submitting for your facility or a
revised application. If this is your first application and you already know your facility's EPA I.D. Number, or EPA I.D. Number in Item I above.	r if this is a revised application, enter your facility's
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)  1. EXISTING FACILITY (See instructions for definition of "existing" facility.  Complete item below.)	2.NEW FACILITY (Complete item below.)  71  FOR NEW FACILITIES, PROVIDE THE DATE
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)  OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  (use the boxes to the left)	YR. MO. DAY (yr., mo., & day) OPERA- TION BEGAN OR IS EXPECTED TO BEGIN
B. REVISED APPLICATION (place an "X" below and complete Item I above)  y 1. FACILITY HAS INTERIM STATUS	2. FACILITY HAS A RCRA PERMIT
III. PROCESSES – CODES AND DESIGN CAPACITIES	
A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process tentering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used describe the process (including its design capacity) in the space provided on the form (Item III-C).	o be used at the facility. Ten lines are provided for d that is not included in the list of codes below, then
B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.  1. AMOUNT — Enter the amount.	
<ol> <li>UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure used. Only the units of measure that are listed below should be used.</li> </ol>	measure codes below that describes the unit of
PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS	PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS
PROCESS CODE DESIGN CAPACITY PROCESS  Storage: Treatment:	CODE DESIGN CAPACITY
CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS TANK TANK S02 GALLONS OR LITERS	T01 GALLONS PER DAY OR LITERS PER DAY NT T02 GALLONS PER DAY OR
WASTE PILE 503 CUBIC YARDS OR SURFACE IMPOUNDMENT CUBIC METERS SURFACE IMPOUNDMENT S04 GALLONS OR LITERS INCINERATOR	LITERS PER DAY T03 TONS PER HOUR;
D79 GALLONS OR LITERS	GALLONS PER HOUR OR LITERS PER HOUR
LANDFILL D80 ACRE-FEET (the volume that OTHER (Use for physical, would cover one acre to a thermal or biological treat depth of one foot) OR processes not occurring in	chemical, T04 GALLONS PER DAY OR ment LITERS PER DAY tanks.
HECTARE-METER surface impoundments or LAND APPLICATION D81 ACRES OR HECTARES ators. Describe the process OCEAN DISPOSAL D82 GALLONS PER DAY OR the space provided; Item	inciner- ses in
SURFACE IMPOUNDMENT D83 GALLONS OR LITERS	
UNIT OF UNIT OF MEASURE MEASURE	UNIT OF MEASURE
UNIT OF MEASURE CODE UNIT OF MEASURE CODE  GALLONSG LITERS PER DAYV	UNIT OF MEASURE CODE  ACRE-FEETA
LITERS L TONS PER HOUR	HECTARE-METERF ACRESB
CUBIC METERS	HECTARESQ
<b>EXAMPLE FOR COMPLETING ITEM III</b> (shown in line numbers X-1 and X-2 below): A facility has two sother can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.	storage tanks, one tank can hold 200 gallons and the
C DUP T/A C	
LA PRO-	ROCESS DESIGN CAPACITY
U CESS 2. UNIT OFFICIAL CODE	2. UNIT OF MEA OFFICIAL USE
USE (from list above)  1. AMOUNT (specify)  SURE (enter code)  ONLY 20  LETTER ONLY (from list above)	SURE (enter code)
X-1 S 0 2 600 G 5 16 - 18 19	- 27 28 29 - 32
X-2 T 0 3 20 E 6	
1 s 0 1 57,000 G 7	
8	
3 9	
4 10 10	
EPA Form 3510-3 (6-80)  PAGE 1 OF 5	27 28 29 - 32 CONTINUE ON REVERSE

	III. PROCESSES (continued)						
C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES ( $code~``T04"$ ). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.							
			79				
STALL							
IV. DESCRIPTION OF HAZARDOUS WAST	ES						
A. EPA HAZARDOUS WASTE NUMBER — Ente handle hazardous wastes which are not listed in	the four-	digit number from 40 Subpart D, enter the fo	O CFR, Subpart D tour-digit number(s)	for each listed hazardous waste you will handle. If you from 40 CFR, Subpart C that describes the characteris-			
tics and/or the toxic contaminants of those hazar	dous waste	s.	The state of the				
basis. For each characteristic or toxic contamina	nt entered	ste entered in column in column A estimate	n A estimate the qua the total annual qua	antity of that waste that will be handled on an annual antity of all the non-listed waste(s) that will be handled			
which possess that characteristic or contaminant.		The second					
C. UNIT OF MEASURE — For each quantity enter codes are:	red in colu	mn B enter the unit of	of measure code. U	nits of measure which must be used and the appropriate			
ENGLISH UNIT OF MEASURE	the state of the s	The second secon		OF MEASURE CODE			
POUNDS							
If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into							
account the appropriate density or specific gravity of the waste.							
account the appropriate density or specific gravit  D. PROCESSES	y of the wa	ity, the units of meas aste.	ure must be conver	ted into one of the required units of measure taking into			
account the appropriate density or specific gravit  D. PROCESSES  1. PROCESS CODES:	y of the wa	ste.					
D. PROCESSES  1. PROCESS CODES: For listed hazardous waste: For each listed to indicate how the waste will be stored, treat	y of the wa hazardous ed, and/or	waste entered in colu disposed of at the faci	mn A select the coo	de(s) from the list of process codes contained in Item III			
D. PROCESSES  1. PROCESS CODES: For listed hazardous waste: For each listed to indicate how the waste will be stored, treat For non-listed hazardous wastes: For each contained in Item III to indicate all the protection of the pr	hazardous ed, and/or characteris	waste entered in colu disposed of at the faci tic or toxic contamin will be used to store	mn A select the codility. ant entered in colu , treat, and/or disp	de(s) from the list of process codes contained in Item III mn A, select the code(s) from the list of process codes ose of all the non-listed hazardous wastes that possess			
D. PROCESSES  1. PROCESS CODES: For listed hazardous waste: For each listed to indicate how the waste will be stored, treat For non-listed hazardous wastes: For each contained in Item III to indicate all the protection of the pr	hazardous ed, and/or characteris ocesses that	waste entered in colu disposed of at the faci tic or toxic contamin will be used to store codes. If more are ne	mn A select the cod ility. ant entered in colu , treat, and/or disp eded: (1) Enter the	de(s) from the list of process codes contained in Item III mn A, select the code(s) from the list of process codes ose of all the non-listed hazardous wastes that possess e first three as described above: (2) Enter "000" in the			
D. PROCESSES  1. PROCESS CODES: For listed hazardous waste: For each listed to indicate how the waste will be stored, treat For non-listed hazardous wastes: For each contained in Item III to indicate all the protect that characteristic or toxic contaminant.  Note: Four spaces are provided for entering the provided for entering t	hazardous ed, and/or characteris cesses that ng process nter in the	waste entered in colu disposed of at the faci tic or toxic contamin will be used to store codes. If more are ne space provided on pag	mn A select the codility. ant entered in colu, treat, and/or disperded: (1) Enter the e 4, the line number	de(s) from the list of process codes contained in Item III mn A, select the code(s) from the list of process codes ose of all the non-listed hazardous wastes that possess a first three as described above; (2) Enter "000" in the r and the additional code(s).			
account the appropriate density or specific gravit  D. PROCESSES  1. PROCESS CODES: For listed hazardous waste: For each listed to indicate how the waste will be stored, treat For non-listed hazardous wastes: For each contained in Item III to indicate all the protect that characteristic or toxic contaminant.  Note: Four spaces are provided for enterinextreme right box of Item IV-D(1); and (3) E  2. PROCESS DESCRIPTION: If a code is not light.	hazardous ed, and/or characteris cesses that ag process nter in the	waste entered in coludisposed of at the facitic or toxic contaminimil be used to store codes. If more are nespace provided on pagrocess that will be use	mn A select the codility. ant entered in colut, treat, and/or displeded: (1) Enter the e 4, the line numbered, describe the products waste Name of the columns of the colum	de(s) from the list of process codes contained in Item III mn A, select the code(s) from the list of process codes ose of all the non-listed hazardous wastes that possess a first three as described above; (2) Enter "000" in the r and the additional code(s).			
account the appropriate density or specific gravit  D. PROCESSES  1. PROCESS CODES: For listed hezardous waste: For each listed to indicate how the waste will be stored, treat For non-listed hazardous wastes: For each contained in Item III to indicate all the protect that characteristic or toxic contaminant.  Note: Four spaces are provided for enterinextreme right box of Item IV-D(1); and (3) E  2. PROCESS DESCRIPTION: If a code is not light than one EPA Hazardous Waste Number shall in the select one of the EPA Hazardous Waste Numbe	hazardous ed, and/or characteris icesses that ing process neer in the s sted for a p MORE TH be described bers and en	waste entered in coludisposed of at the faci- tic or toxic contamination will be used to store codes. If more are ne- space provided on pagi- process that will be use  AN ONE EPA HAZA d on the form as follow ter it in column A. Or	mn A select the codility. ant entered in colu, treat, and/or dispreded: (1) Enter the e 4, the line numbered, describe the production of the same line communication.	de(s) from the list of process codes contained in Item III mn A, select the code(s) from the list of process codes ose of all the non-listed hazardous wastes that possess e first three as described above; (2) Enter "000" in the r and the additional code(s).  cess in the space provided on the form.  IUMBER — Hazardous wastes that can be described by plete columns B,C, and D by estimating the total annual			
D. PROCESSES  1. PROCESS CODES: For listed hazardous waste: For each listed to indicate how the waste will be stored, treat For non-listed hazardous wastes: For each contained in Item III to indicate all the protect that characteristic or toxic contaminant.  Note: Four spaces are provided for enterinextreme right box of Item IV-D(1); and (3) E  2. PROCESS DESCRIPTION: If a code is not line that one EPA Hazardous Waste Number shall Item one EPA Hazardous Waste Number shall Item one that one the EPA Hazardous Waste Number shall Item one that one of the EPA Hazardous Waste Number shall Item one that one of the EPA Hazardous Waste Number shall Item one that one of the EPA Hazardous Waste Number shall Item one that one of the EPA Hazardous Waste Number shall Item one that one of the EPA Hazardous Waste Number shall Item one that one of the EPA Hazardous Waste Number shall Item one of the EPA Hazardous Waste Num	hazardous ed, and/or characteris cesses that ag process nter in the steed for a p  MORE THE described becomes and en ocesses to be EPA Hazar	waste entered in coludisposed of at the facitic or toxic contaminimal will be used to store codes. If more are nespace provided on page process that will be used to the form as following the used to treat, store, ardous Waste Number	mn A select the codility. ant entered in column, treat, and/or disposed. eded: (1) Enter the e 4, the line numbered, describe the production of the same line command/or dispose of the same line command/or dispo	de(s) from the list of process codes contained in Item III mn A, select the code(s) from the list of process codes ose of all the non-listed hazardous wastes that possess e first three as described above; (2) Enter "000" in the r and the additional code(s).  cess in the space provided on the form.  IUMBER — Hazardous wastes that can be described by plete columns B,C, and D by estimating the total annual			
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NOTE: Photocopy this page before completing if you Form Approved OMB No. 158-S80004 more than 26 wastes to list. FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) DUP I L D 0 0 5 0 7 0 5 3 7 DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA SURE (enter code) D. PROCESSES A. EPA HAZARD. WASTENO B. ESTIMATED ANNUAL QUANTITY OF WASTE 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) 36 Placed into container for offsite 1 F 0 0 6 1500 T T 0 1 disposal by TSDF. 2 F 0 0 5 30 T S 0 1 3 F 0 0 3 Included with above 4 D 0 0 1 15 T S 0 1 5 5 D 0 0 3 T S 0 1 6 D 0 0 7 240 T S 0 1 7 D 0 0 2 Included with above 8 D 0 0 2 50 Т S 0 1 9 D 0 0 7 30 T S 0 1 10 D 0 0 8 Included with above 11 D 0 0 2 Included with above 13 14 15 16 17 18 19 20 21 22 23 24 25 EPA Form 3510-3 (6-80) **CONTINUE ON REVERSE** OF 5 PAGE 3

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V. FACILITY DRAWING	使各种的人 医克里特氏病 医电影
All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for IVI. PHOTOGRAPHS	more detail).
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing	ng structures; existing storage,
treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for	or more detail).
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VIII. FACILITY OWNER  A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", skip to Section IX below.  B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", skip to Section IX below.  B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following in 1. NAME OF FACILITY'S LEGAL OWNER  C. C. G.	place an "X" in the box to the left and tems:  2. PHONE NO. (area code & no.)  5. ST. 6. ZIP CODE  40 41 42 47 - 51  bmitted in this and all attached to information, I believe that the
VIII. FACILITY OWNER    X   A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", particle of the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particle of the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following in the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following in the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following in the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following in the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following in the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", particular in the fac	place an "X" in the box to the left and tems:  2. PHONE NO. (area code & no.)  5. ST. 6. ZIP CODE  40 41 42 47 - 51  bmitted in this and all attached to information, I believe that the
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VIII. FACILITY OWNER  A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", skip to Section IX below.  B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, "General Information", skip to Section IX below.  B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following in the facility operator as listed in Section VIII on Form 1, complete the following in the facility operator as listed in Section VIII on Form 1, complete the following in the facility operator as listed in Section VIII on Form 1, complete the following in the facility operator as listed in Section VIII on Form 1, complete the following in the facility operator as listed in Section VIII on Form 1, complete the following in the facility operator as listed in Section VIII on Form 1, "General Information", section VIII on Form 1, "General Information VIII on Form 1, "General Information", section VIII on Form 1, "General Information",	place an "X" in the box to the left and tems:  2. PHONE NO. (area code & no.)  5. ST. 6. ZIP CODE  40 41 42 47 - 51  bmitted in this and all attached e information, I believe that the presubmitting false information,  C. DATE SIGNED  7. 28, 87
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V. FACILITY DRAWING (see page 4)

The following is a list of EPA Hazardous Waste Numbers, type of product, and primary generating area(s) at the Joliet Plant:

EPA #	Type of Product	Generating Area
F006	Waste Treatment Sludge	Bldg. VV
F003, F005	Paint Thinner Waste Paint	Production Paint Booths, Maintenance Areas
D001	Spent Stoddard Solvent	Maintenance Areas, Production degreasing tanks
D003(One time only)	Lapping Compound	Production laps, hones
D002, D007	Spent Chromic Acid Chromic Acid Sludge Chrome Contaminated Debris Spent Sulfuric Acid w/Chrome Spent Alkaline Cleaner w/Chrome Spent Alkaline Stripper w/Chrome	Chrome plating area
D002	Alkaline Paint Stripper Waste Alkaline Cleaner Spent Nickel Plating Solvent	Paint Booths Production Stores Chrome Plate Area
	Manganese/Zinc Phosphate Sludge	Harshaw System
D007, D008, D002	Spent Chrome Acid w/Lead	Chrome Plating Area

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lease priet or type in the unshaded areas only fill—in areas are spaced for elite type, i.e., 12 characters/inch	Control of the last of the las				Form Approved OMB No. 15	8-R01	75	3675
				LATION	EPA I.D. NUMBER	,		T/Al C
Co	nsoli	dated	Permits Pr	rogram	TILD 9 9 5 9 7	Ø 5	3	7 3 D
LABELITEMS (Reda the	Gener	ut Insi	iructions_		GENERAL INSTRU		NS	13 14 15
EPA I.D. NUMBER					If a preprinted label has be it in the designated space. F	Review	the	inform-
ILDOPSOZOSZ	at 8			· ·	ation carefully; if any of it through it and enter the co	orrect	data	in the
CATERPILLAR TO	RAC	TOR	co :	INC I	appropriate fill-in area belo the preprinted data is absen	t (the	area	to the
MAILING ADDRESS FO BOX 524	<b>/</b> 43	A		}	left of the label space list that should appear), please	provi	de it	in the
JOLIET, IL 6)	040	-4·		() ()	proper fill—in area(s) below complete and correct, you	w. If	the not c	label is omplete
				ţ	Items I, III, V, and VI (e must be completed regard)	xcept	VI-E	3 which
LOCATION CHAMMAHON RD JOLIET, IL 6	RT Mar	6	7 g =		items if no label has been the instructions for detail	provid	led, F tem	Refer to descrip-
aderes as	Page 1 6 144		,.		tions and for the legal au which this data is collected.			
POLLUTANT CHARACTERISTICS			State of the State of					
INSTRUCTIONS: Complete A through J to determine w	vheth	er voi	need to	submit any permit application	forms to the EPA. If you answ	ver "v	es" t	n anv
questions, you must submit this form and the supplemen	tal fo	rm lis	ted in the	e parenthesis following the quest	ion. Mark "X" in the box in t	the thi	rd co	lumn
if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	to e	ach qu uction	uestion, y ns. See als	ou need not submit any of these o. Section D of the instructions to	forms. You may answer "no for definitions of <b>bold—faced</b>	" it yo terms	ur ac	tivity
SPECIFIC QUESTIONS		MAR	K 'X'	Lie de la companya d	week to be a second of the party of		MAR	K'X'
	YES	NO	FORM ATTACHED	B. Does or will this facility (e	the street of the second of the second	YES	NO	ATTACHET
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		include a concentrated ar	nimal feeding operation or facility which results in a	19	X 20	
Is this a facility which currently results in discharges to waters of the U.S. other than those described in	16 X	17	18	D. Is this a proposed facility	(other than those described will result in a discharge to	1,5	X	about 21 mais
A or B above? (FORM 2C)	22	23	24	waters of the U.S.? (FORM	12D)	25	26	27
. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		the lowermost stratum con- ter mile of the well bore,		Х	
3. Do you or will you inject at this facility any produced		29	30	H. Do you or will you inject		31	32	33
water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro-		X	178	cial processes such as mir	ning of sulfur by the Frasch of minerals, in situ combus-		X	139 %
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid				tion of fossil fuel, or reco	overy of geothermal energy?			
hydrocarbons? (FORM 4)  Is this facility a proposed stationary source which is		35	36)	J. Is this facility a proposed	stationary source which is	37	38	39
one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons	- 1	x			strial categories listed in the II potentially emit 250 tons		x	
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an		A		per year of any air polluta	nt regulated under the Clean be located in an attainment		Λ	
attainment area? (FORM 5)		41	42	area? (FORM 5)		43	44	45
I. NAME OF FACILITY	TT	1	i i i	1 1 1 1 1 1 1 1 1 1				
SKIP   16 - 29 30		MININ	A CONTRACTOR	the state of the s		69		
V. FACILITY CONTACT			4.3					
A. NAME & TITLE (last, f.	irst, é	title,		**************************************	PHONE (area code & no.)			
SMITH B M ENVIR	, C	0 0	RDI	NATOR 81	5 7 2 9 5 6 3 2			
FACILITY MAILING ADDRESS				45   46 -	41 49 • 51 52 - 55			
A. STREET OR P.O.	. BO)	<b>C</b> (4)						
							44	
B. CITY OR TOWN				C.STATE D. ZIP COD				
	1 1	T	TTT	1 1 1 1 1 1				
16 to the development of the second of the s	1	e portuga		* 40 21 42 47 4-4-4	81		9-75 V	
I. FACILITY LOCATION								
A. STREET, ROUTE NO. OR OTHER	SPEC	IFIC	IDENTIF	IER				
	ceasural.	597, 594	eli speziji ve dinas	45			e Pri	
B. COUNTY NAME	4							A T
ILL	1 1	ı	1 1 1					W.
C. CITY OR TOWN				D.STATE E. ZIP COD	F. COUNTY CODE	80	_ 4	332
	T	1	T T T		1 9 7	1		
	g. History	A 10 20 A	1 a/6 1 ag 2 ag 1 a a	40 41 42 47	91 32 - 54			
PA Form 3510-1 (6-80)			MI	N 11 1980	1.1. 2/22 12 CONT	INUE	ON	REVERS

CONTINUED FROM THE FRONT	
VII. SIC CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
S CONSTITUTE FARTH MOVING FOUTPMENT	c (specify)
7 3,5 3,1 AND COMPONENTS	7
(15 (16 · 19 )	15 (16 - 19 D, FOURTH
c (specify)	c     (specify)
7	7
15 16 - 19	15 16 18
VIII. OPERATOR INFORMATION	
C I I I I I I I I I I I I I I I I I I I	ME B. Is the name listed in Item VIII-A also the
No. of the Control of	Owner?
8 CATERPILLAR TRACTOR	CO XYES NO
C. STATUS OF OPERATOR (Enter the appropriate letter into t	the answer box; if "Other", specify.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)	P (specify)
P = PRIVATE	A 3 10 9 6 7 3 1 10 10 15 15 15 15 15 15 15 15 15 15 15 15 15
E. STREET OR P.O. BOX	
100 NE ADAMS	
F. CITY OR TOWN	G:STATE H, ZIP CODE IX, INDIAN LAND
	Is the facility located on Indian lands?
BPEORIA	IL 61629 YES NO
\$ 10 TO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE	<u> </u>
	40 41 42 47 - 31
X. EXISTING ENVIRONMENTAL PERMITS	
	Emissions from Proposed Sources)
9 N I L Ø Ø Ø 1 7 3 2 9 P	
15 16 17 (10 00 00 00 00 00 00 00 00 00 00 00 00 0	- 30
	E. OTHER (specify)
9 0	(specify)
9 0 9	4. or 1. o.
	E. OTHER (specify)
<u> </u>	
9 R 9 9 9	
XI. MAP	The manufacture of the second dispersion 10
the outline of the facility, the location of each of its existing	ending to at least one mile beyond property bounderies. The map must show and proposed intake and discharge structures, each of its hazardous waste
treatment storage or disposal facilities and each well where	e it injects fluids underground. Include all springs, rivers and other surface
water bodies in the map area. See instructions for precise requ	ilrements. Fq: $A/50$
XII. NATURE OF BUSINESS (provide a brief description)	ry: /50
An. NATURE OF BUSINESS (provide a brief description)	
MANUFACTURE OF:	
EARTH MOVING EQUIPMENT AND COMPONENTS	
BIRTH HOTERS BROTTING STRONGHILLS	
	F9. A
	51 January 1980
	,
VIII CERTIFICATION (see farmer)	
XIII. CERTIFICATION (see Instructions)	Control of the Contro
I certify under penalty of law that I have personally examine	ed and am familiar with the information submitted in this application and all
attachments and that, based on my inquiry of those person	ns immediately responsible for obtaining the information contained in the
application, I believe that the information is true, accurate a	and complete. I am aware that there are significant penalties for submitting
false information, including the possibility of fine and impriso	
A. NAME & OFFICIAL TITLE (type or print) B. S	SIGNATURE C. DATE SIGNED
DONATE DOMNITOR BITCH DEPOTEMENT	Kind KIN 10/2.1-
DONALD F. DOMNICK, VICE PRESIDENT	Sorred 7 Lonnell 131/80
COMMENTS FOR OFFICIAL USE ONLY	
A CONTROL OF THE CONT	大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大

FORM A	e, i.e., 12 characters/	inch).		Form Approved OMB No. 158-S80004 4076							
OFFIA		S WASTE PERMI		I. EPA I.D. NUMBER							
USCEFA		Consolidated Permits Pro	ngram e e	FILDØØ5Ø7Ø537							
FOR OFFICIAL USE ONLY	(Inis informatio	on is required under Sec	tion 3005 of RCRA.)	13 14 15							
APPLICATION DATE RECEIVED APPROVED (yr., mo., & day)			COMMENTS								
	ar the growing the										
II FIRST OF DEVICED APRIL	CATION										
II. FIRST OR REVISED APPLI	The second secon	rk one hax only I to ind	icate whether this is the first	application you are submitting for your facility or a							
revised application. If this is your fir EPA I.D. Number in Item I above,	rst application and ye	ou already know your f	acility's EPA I.D. Number, or	r if this is a revised application, enter your facility's							
A. FIRST APPLICATION (place											
X 1. EXISTING FACILITY (S	See instructions for d Complete item belou	lefinition of "existing"; ,.)	acility.	2.NEW FACILITY (Complete item below.) FOR NEW FACILITIES,							
O FIT WIT WIT OPER	RATION BEGAN OF	TIES, PROVIDE THE DE THE CONSTR	DATE (yr., mo., & day)	YR. MO. DAY (yr., mo., & day) OPERA-							
15 73 74 75 76 77 78	the boxes to the left)			TION BEGAN OR IS EXPECTED TO BEGIN							
B. REVISED APPLICATION (p	(place an "X" below and complete Item I above)  RIM STATUS  2. FACILITY HAS A RCRA PERMIT										
III. PROCESSES – CODES AN		CITIES		72							
			best describes each process to	o be used at the facility. Ten lines are provided for							
entering codes. If more lines are describe the process (including its	needed, enter the co	de(s) in the space provi	ded. If a process will be used	that is not included in the list of codes below, then							
B. PROCESS DESIGN CAPACITY			er de les establishes establishes								
<ol> <li>AMOUNT — Enter the amount</li> </ol>	nt.			measure codes below that describes the unit of							
measure used. Only the units	of measure that are	listed below should be	ised.	measure codes below that describes the unit of							
		IATE UNITS OF FOR PROCESS		PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS							
	CODE DESIG	N CAPACITY	PROCESS	CODE DESIGN CAPACITY							
Storage: CONTAINER (barrel, drum, etc.)		OR LITERS	Treatment:	TOT GALLONS PER DAY OR							
TANK WASTE PILE	S02 GALLONS S03 CUBIC YAF CUBIC MET	RDS OR	SURFACE IMPOUNDMEN	LITERS PER DAY  TO 2 GALLONS PER DAY OR  LITERS PER DAY							
SURFACE IMPOUNDMENT		OR LITERS	INCIPERATOR	T03 TONS PER HOUR OR METRIC TONS PER HOUR:							
Disposal: JECTION WELL	D79 GALLONS	OR LITERS		GALLONS PER HOUR OR LITERS PER HOUR							
		- /41 1 41- 4		- 1							
ANDFILL	D80 ACRE-FEE	T (the volume that one acre to a e foot) OR	OTHER (Use for physical, thermal or biological treats processes not occurring in	ment LITERS PER DAY tanks.							
ANDFILL  LAND APPLICATION	D80 ACRE-FEE' would cover depth of one HECTARE- D81 ACRES OR	one acre to a e foot) OR METER HECTARES	thermal or biological treats processes not occurring in surface impoundments or i ators. Describe the process	ment LITERS PER DAY tanks, inciner- ses in							
NDFILL	D80 ACRE-FEE' would cover depth of one HECTARE- D81 ACRES OR	one acre to a e foot) OR METER HECTARES PER DAY OR R DAY	thermal or biological treats processes not occurring in surface impoundments or i	ment LITERS PER DAY tanks, inciner- ses in							
LAND APPLICATION OCEAN DISPOSAL	D80 ACRE-FEE' would cover depth of on HECTARE- D81 ACRES OR D82 GALLONS LITERS PE D83 GALLONS UNIT OF	One acre to a e e foot) OR e foot) OR e METER HECTARES PER DAY OR R DAY	thermal or biological treats processes not occurring in surface impoundments or i ators. Describe the process	ment LITERS PER DAY tanks, inciner- ses in							
LAND APPLICATION OCEAN DISPOSAL	D80 ACRE-FEE' would cover depth of on HECTARE- D81 ACRES OR D82 GALLONS LITERS PE D83 GALLONS	one acre to a e foot) OR METER HECTARES PER DAY OR R DAY	thermal or biological treats processes not occurring in surface impoundments or i ators. Describe the process the space provided; Item I	ment tanks, inciner- ses in (III-C.)  UNIT OF MEASURE							
LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUNDMENT  UNIT OF MEASURE GALLONS	D80 ACRE-FEE: would cover depth of one HECTARE- D81 ACRES OR D82 GALLONS LITERS PE D83 GALLONS UNIT OF MEASURE CODEG	One acre to a e e foot) OR HETER HECTARES PER DAY OR R DAY OR LITERS  UNIT OF MEASURE LITERS PER DAY .	thermal or biological treat processes not occurring in surface impoundments or i ators. Describe the process the space provided; Item I  UNIT OF MEASURE CODE	ment tanks, inciner- ses in  III-C.)  UNIT OF  MEASURE  UNIT OF  ACRE-FEET							
LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUNDMENT UNIT OF MEASURE	D80 ACRE-FEE: would cover depth of one HECTARE- D81 ACRES OR GALLONS LITERS PE D83 GALLONS UNIT OF MEASURE CODEGL	one acre to a e e foot) OR HETER HECTARES PER DAY OR LITERS  UNIT OF MEASURE LITERS PER DAY. TONS PER HOUR . METRIC TONS PER	thermal or biological treath processes not occurring in surface impoundments or i ators. Describe the process the space provided; Item I  UNIT OF MEASURE CODE	ment tanks, incinerses in III-C.)  UNIT OF MEASURE UNIT OF MEASURE CODE ACRE-FEET. A HECTARE-METER. F ACRES B							
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IV. DESCRIPTION OF HAZARDOUS WASTI			The Arts
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V. FACILITY DRAWING		F(: 8/ =	
All existing facilities must include in the space provided on p	page 5 a scale drawing of the facility (see II	nstructions for more detail). FG: 5/55	
VI. PHOTOGRAPHS			
All existing facilities must include photographs (aeria treatment and disposal areas; and sites of future store	al or ground—level) that clearly deline	instructions for more detail). F6. 56	_
VII. FACILITY GEOGRAPHIC LOCATION	age, treatment of disposal dreas (see		
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Please print or type in the unshaded areas only fill—in areas are spaced for elite type, i.e., 12 characters/inch.	J.			Form Approved OMB No. 15	8-R0	175	3673
FORM GENE	RA	LIF		ATION AGENCY I. EPA I.D. NUMBER  S I L D 0 5 7 7	ø'5	131	7 7/A S
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. EPA I.D. NUMBER IL.D. 05070537				If a preprinted label has be it in the designated space. F ation carefully; if any of it	Review	v the	inform-
III. FACILITY NAME				through it and enter the cappropriate fill-in area belo	orrect	data	a in the
V. FACILITY  V. MAILING ADDRESS  CATERPILLAR THE PORT STATE OF THE	ſ43: ≅τ	4	co )	the preprinted data is absendent of the label space list that should appear), please proper fill—in area(s) below complete and correct, you terms I, III, V, and VI (emust be completed regarditems if no label has been the instructions for detail the space of the spa	providence of the control of the con	ide it the not c VI-L Comp ded, f	rmation t in the label is complete B which plete all Refer to descrip-
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II. POLLUTANT CHARACTERISTICS						N.	
questions, you must submit this form and the supplement	tal for to ea instru	rm lis ich q ictioi	ited in the destion, years. See also	submit any permit application forms to the EPA. If you answer parenthesis following the question. Mark "X" in the box in too uneed not submit any of these forms. You may answer "no o, Section D of the instructions for definitions of bold—faced	the the " if you terms	our ac	ctivity
SPECIFIC QUESTIONS	YES	MAR	FORM ATTACHED	SPECIFIC QUESTIONS	YES	MAR No	FORM ATTACHE
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in		17	10	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to	19	X	21
A or B above? (FORM 2C)  E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X X	23	X X	waters of the U.S.? (FORM 2D)  F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	25	X	27
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid		X	30	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	31	X X	33
hydrocarbons? (FORM 4)  I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an		35 X	36	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment	37	X	39
attainment area? (FORM 5)  III. NAME OF FACILITY  C 1 SKIP  13 16 - 28 30		A1		area? (FORM 5)		44	45
IV. FACILITY CONTACT							
A. NAME & TITLE (last, fi	1 1	1	1 1	B. PHONE (area code & no.)  NATOR 8 1 5   7 2 9   5 6 3 2			
19 16		0,0	, K. D. I	45 46 - 49 49 - 51 52 - 55			e de
V. FACILITY MAILING ADDRESS  A. STREET OR P.O.							
3				45			
B. CITY OR TOWN	ТТ	T		C.STATE D. ZIP CODE			
15 16				40 41 42 47 - 51			
VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER	SPEC	IFIC	IDENTIF	IER			
5	T T	Ţ		45			
B. COUNTY NAME WILL	11		111				
C. CITY OR TOWN				D.STATE E. ZIP CODE F. COUNTY CODE (if known)			
6 , , , , , , , , , , , , , , , , , , ,	1 1		1 1 1	D. STATE E. ZIP CODE F. COUNTY CODE (if known)			
EPA Form 3510-1 (6-80)		responsable to	RIC	40 41 42 47 - 51 52 - 54 CONT	INUE	ONI	REVERS

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VII. SIC CODES (4-digit, in order of priority)				
A. FIRST  7 3 5 3 1 (specify) EARTH MOVING EQUIP  AND COMPONENTS	MENT	7	B. SECOND	
15   16 - 19   C. THIRD		15 16 - 19	D. FOURTH	
(specify)	47.51	7 (sp	pecify)	
VIII. OPERATOR INFORMATION				
<u> </u>	A. NAME		1	B. Is the name listed in Item VIII-A also the owner?
8 CATERPILLAR TRAC	TOR CO			∑ YES □ NO
C. STATUS OF OPERATOR (Enter the appropriate				ONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federa S = STATE O = OTHER (specify) P = PRIVATE	P 56	ecify)		9 6 7 5 1 0 0 0
E, STREET OR P.O.	BOX			
1 0 0 NE ADAMS		55		
F. CITY OR TOWN		G.STATE H	. ZIP CODE IX, INDIAN LA	
BPEORIA	with the life of parts of a	IL 6	1 6 2 9 Is the facility	ocated on Indian lands?
18 16 -		40 41 42 47	52	
X. EXISTING ENVIRONMENTAL PERMITS				
	D. PSD (Air Emissions	from Proposed Source	ces)	
9 N I L Ø Ø Ø 1 7 3 2 9	P			
B. UIC (Underground Injection of Fluids)	6 17 18 E. OTHER	(specify)	30	
9 U	TITITI	y z	(specify)	ergal süksen er statt i i
15 16 17 18 30 15 C. RCRA (Hazardous Wastes)	E. OTHER	(specify)	30	
C7 1 1 1 1 1 1 1 1 1 C	TI III	111111	(specify)	
9 R 9 15 16 17 18 - 30 15	16 17 18		30	Who as A rail as a
XI. MAP	<b>建长期间提</b>			
Attach to this application a topographic map of the outline of the facility, the location of each o treatment, storage, or disposal facilities, and each water bodies in the map area. See instructions for	f its existing and property well where it inject	oposed intake and ts fluids undergro	d discharge structures, eac	h of its hazardous waste
XII. NATURE OF BUSINESS (provide a brief description)	TO MAKE STATE		11 / 30	STATE OF THE STATE OF
MANUFACTURE OF:		Marie Work		
EARTH MOVING EQUIPMENT AND COM	PONENTS			
			Eq : A	
			51	*
	ē 0 - L		91	
	Alice Services		ale and the second	
XIII. CERTIFICATION (see instructions)				
I certify under penalty of law that I have persona attachments and that, based on my inquiry of application, I believe that the information is true false information, including the possibility of fine	those persons imme , accurate and comp	diately responsible	e for obtaining the inform	mation contained in the
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATU	RE V		C. DATE SIGNED
DONALD F. DOMNICK, VICE PRESIDENT	Long	ed & Don	much	19/31/80
COMMENTS FOR OFFICIAL USE ONLY C				
15 16 FDA F 2510 1 (C 90)				33

A Form 3510-1 (6-80) REVERSE

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		ATI		(yr., mo., & day)									CON	MENTS							
II. I	IR	ST	OR	REVISED APPLIC	ATION	15 V.	TO SERVICE STATE OF THE PERSON	W-					A I	S 5 45 8		TE SILE			334	2	NO SERVICE
Place	e an	"X	" in	the appropriate box in ion. If this is your first er in Item I above.	A or B below (mar	k one u alre	box ady	<i>onl</i> y know	y) to in	ndica facil	te w	hether EPA	this	s is the first a Number, or i	pplicati If this is	on you a a revised	re submittin d application	g for	youi er yo	facility ur facil	y or a ity's
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B. F		1		APPLICATION (pla		"X" below and complete Item I above)									2. 1	FACILIT	YHASAR	CRA	PER	MIT	
Ш	72			SES – CODES AND		72															
		ROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for																			
	entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																				
	PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.  1. AMOUNT — Enter the amount.																				
	2. 1	- WNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																			
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III. PROCESSES	(continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

#### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				EF					C. UNIT			D. PROCESSES										
LINE	S.	W	AS	TE	N	0	B. ESTIMATED ANNUAL QUANTITY OF WASTE	1	URE enter code)				1	. P	RC		SS COE	DES		2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$ )		
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X-	4	D	0	0		2														included with above		

Form Approved OMB No. 158-S80004 Continued from page 2. NOTE: Photocopy this page before completing if have more than 26 wastes to list. FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) 5 Ø ILDØØ 7 Ø 5 3 7 3 3 DUP DUP V. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA SURE (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE LINE NO. HAZARD. WASTENO 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) - 29 27 36 FØØ 7412 000 T 0 1 T 6 600 000 T S 0 1 20 0 0d F 0 1 8 T 1040 000 s ø 4 0 F Ø 9 T 1 ø 5 485 ØØØ F Ø 7 T S 0 1 4000 6 Ø 1 0 T S Ø 1 F 4000 S Ø 1 Ø 2 F 1 T 8 0 12000 s Ø 1 RECYCLED (STORED IN DRUMS) ď F 1 T 9 d 50 000 T S 0 1 0 8 F 10 4000 D Ø Ø 2 T S 0 1 11 13 14 15 16 17 18 19 20 21 23 26

EPA Form 3510-3 (6-80)

PAGE 3 \_\_\_\_ OF 5

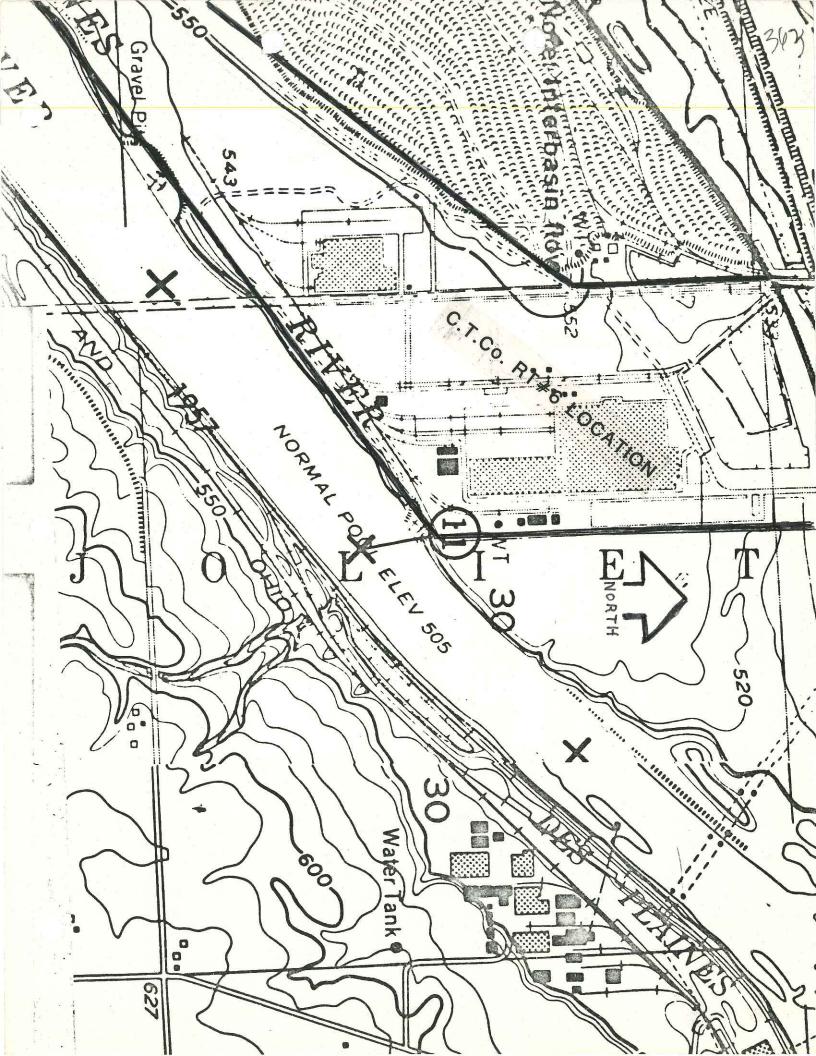
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Continued from the front.			
IV. DESCRIPTION OF HAZARDOUS WASTI ontinued)		Strategic College	
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODE	S FROM ITEM D(1) ON PAGE 3		
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EPA I.D. NO. (enter from page 1)			
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13 14 15			
V. FACILITY DRAWING  All existing facilities must include in the space provided on page 5 a scale of	deputies of the facility (age instruction	os for more detail	6: B/55
VI. PHOTOGRAPHS	drawing of the facility (see instruction	Maintenance detaily.	W. 755
All existing facilities must include photographs (aerial or ground-	-level) that clearly delineate all e	existing structures; exis	ting storage, A_
treatment and disposal areas; and sites of future storage, treatme			
	nt or disposal areas (see instruction	ons for more detail).	F6 · 56
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EPA Form 3510-3 (6-80)

PAGE 4 OF 5

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#### PERMIT No. IL 000 1732

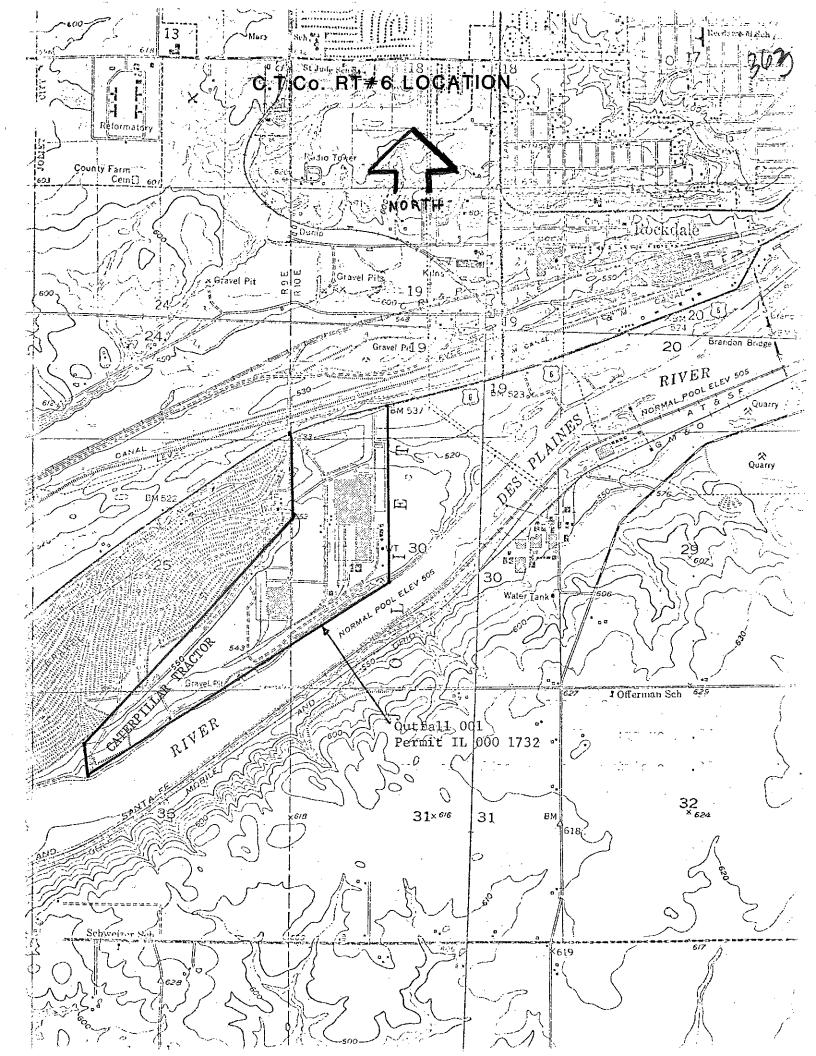
- 1. See other side.
- 2. Total discharges under said permit one.
- 4. Permittee: Caterpillar Tractor Co.
  Joliet Plant

Name of Discharge: 18" AAO Sewer

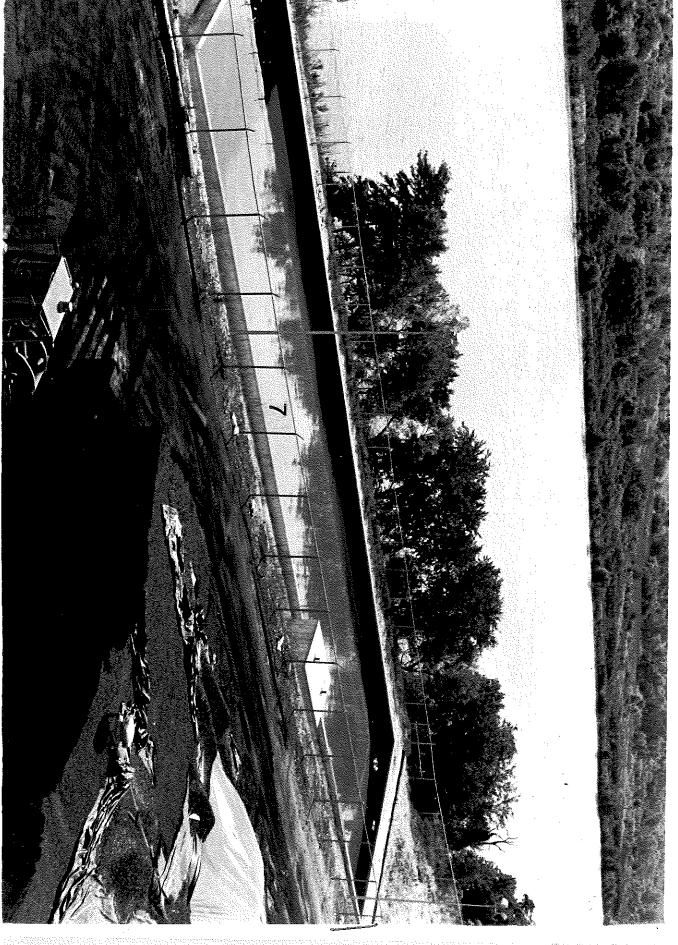
- 5. Type of Discharge: Industrial.
- 6. Effluent sampling location
  Prior to April 1978 Bldg. V
  After April 1978 Bldg. VV Flow Distribution Bay
- 7. Influent sampling location: None
- 8. Frequency of Discharge:
   Prior to April 1978 Batch
   After April 1978 Continuous
- 9. Latitude 41 29 05
  Longitude 88 08 03
- 10. Location:

SW 1/4 Section 30 Township 35 North Range 10 east 3rd PM

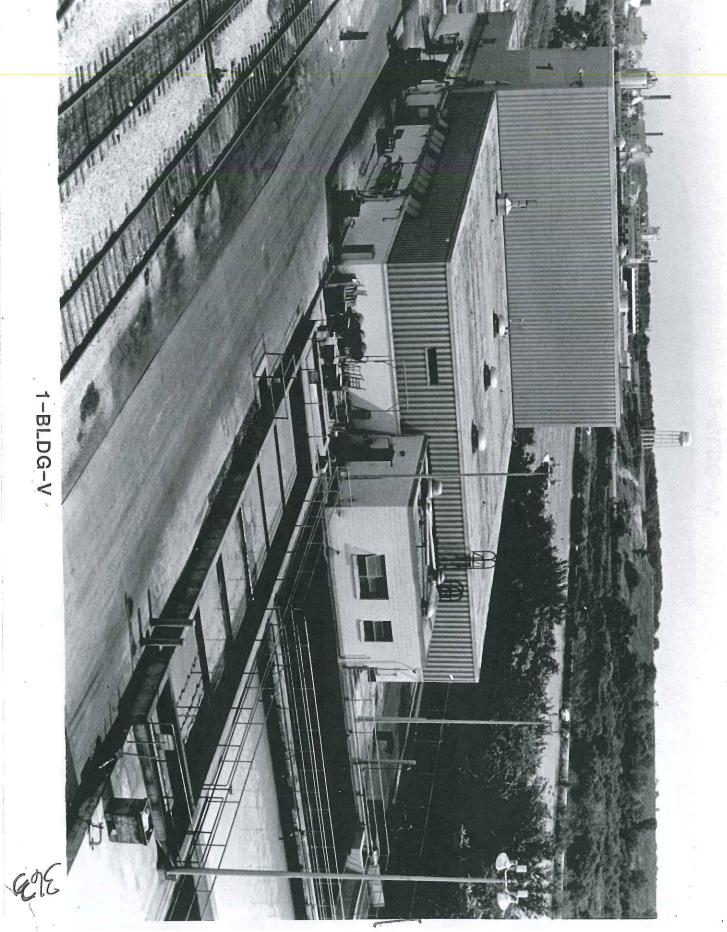
- 11. County: Will
- 12. Receiving stream DesPlaines River



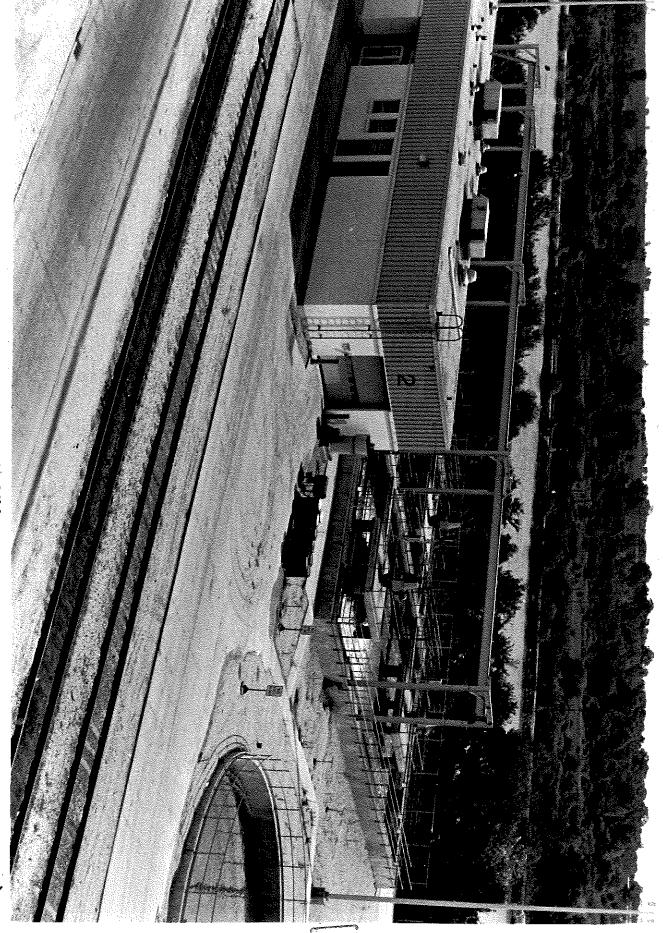




N.



1-BLDG-V



2-BLDG-VV

GOE

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

217/524-3300

December 8, 1994

Caterpillar, Inc. Attn: Mr. Gary Kantner Post Office Box 504 Joliet, IL 60434-0504

Re: 1970450028 -- Will County

Caterpillar, Inc. ILD005070537

RCRA Log Number: C-512

Date Received: September 28, 1994

RCRA - Closure

Dear Mr. Kantner:

This letter is in response to the certification of closure submitted by Caterpillar, Inc. for the hazardous waste container storage unit at the above referenced facility. This certification, signed by a representative of the owner/operator, Robert R. Macier, Business Unit Manager, and an independent registered professional engineer, Timothy C. Dull, P.E., indicated that the subject hazardous waste management unit had been closed in accordance with the plan approved by the Agency on December 21, 1989, and subsequent modifications.

The subject hazardous waste management unit was inspected by a representative of this Agency on November 3, 1994. The inspection revealed that the unit was closed in accordance with the approved closure plan. In addition, a review of the closure certification and accompanying closure documentation report also indicates that the unit was closed in accordance with the approved closure plan. Therefore, the Agency has determined that closure of the hazardous waste container storage area at the above-referenced facility has apparently met the requirements of 35 IAC Part 725.

As a result of completing closure of the subject hazardous waste management unit:

- 1. The Agency has withdrawn the RCRA Part A application for the above-referenced facility.
- 2. This facility must continue to meet the requirements of 35 IAC 722: Standards Applicable to Generators of Hazardous Waste and 35 IAC 728: Land Disposal Restrictions.
- 3. Caterpillar is hereby relieved from 35 Ill Adm Code 725 Subpart H Financial Requirements at this site, which apparently consisted of financial assurance and liability coverage under the Caterpillar, Inc. Corporate Financial Test, Alternative II for \$287,000 and \$2,000,000 respectively. Caterpillar's corporate anniversary is

Caterpillar, Inc. (C-512)
Page 2

December 31, 1994. The next updated financial instruments will be due March 31, 1995 and should incorporate this change at that time. It must be noted that Caterpillar must maintain liability coverage for its other facilities in Illinois still subject to 35 IAC Part 725.

Should you have any questions regarding this matter, please contact Michael A. Heaton at 217/524-3312.

Sincerely,

Harry A. Chappel, A.E.

Hazardous Waste Branch Manager Permit Section, Bureau of Land

HAC: mah

cc: USEPA Region V -- George Hamper

Paul Sklar -- Woodward-Clyde Consultants (Milwaukee, WI)

Timothy Dull, P.E. -- Woodward-Clyde Consultants

(Chicago, IL)

bcc: Bureau File

Maywood Region

Jim Moore

Mike Heaton

Andy Vollmer #24

Sue Doubet #24

Jim Mergen #24

Todd Marvel

Hope Wright



#### 217/782-5761

Refer to: 1970450026 -- Hill County

Caterpillar, Inc. 1L0005070537 Compliance File

May 5, 1989

Caterpillar, Inc. Attn: D. Grenden, Attorney 100 N.E. Adens Street Peoria, Illinois 61629-7310

Dear Nr. Grenden:

This is to inform you that your financial asserance instruments for the years 1985, 1986, 1987, and 1988 are in order.

Also, as a reminder, your opdated instrument(s) for the year ending December 31, 1989, will be due by March 31, 1990.

If you have any questions or if we can be of assistance, please do not besitate to contact Andrew A. Voilner at 217/782-6762.

Sincerely.

Angela Aye Tin, Panager Technical Compliance Unit Compliance Section Division of Land Pollution Centrol

AAT: EN: jub/1648k/48

1 or 1 for the Se

cc: Division File Paymond Pegion Brian White Angy Yollmer Hary Eurphy - USEPA



19 JAN 1989 Ms. Nancy Rantner Caterpillar Tractor Company Route 6 and Channahon Road Joliet, Illinois 60434

> Re: Land Disposal Restrictions Caterpillar Tractor Company ILD 005 070 537

Dear Ms. Rantner:

On November 7, 1988, the Illinois Environmental Protection Agency (IEPA), representing the U.S. Environmental Protection Agency, conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above-referenced facility. The purpose of the inspection was to determine the facility's compliance with the applicable hazardous waste management requirements of RCRA, including the Federal land disposal restrictions. The land disposal restrictions for F001-F005 spent solvents became effective on November 8,1986, (40 CFR Part 268 and revisions to 40 CFR Parts 260-265 and 270-271) and for "California List" hazardous wastes on July 8, 1987, (52 Federal Register 25760: revisions to 40 CFR Parts 262, 264, 265, 268, and 270-271).

With respect to the land disposal restrictions section of the inspection, your facility was found to be in compliance with the requirements. A copy of the inspection report is enclosed for your records.

If you have any questions regarding this correspondence, please contact Ronald Brown of my staff at (312) 886-6433.

Sincerely yours,

Paul E. Dimock, Chief IL/MI/WI Enforcement Program Section

Enclosure

cc: Harry Chappel, IEPA Glen Savage, IEPA 1-19-89 |-19-89

RCRA ENFORCE- MENT	REB STAFF	REB SECTION CHIEF	REB CHIEF
TÁTETAL	1cm	010	
INIT. DATE	418/18	1-19-89	

mil 12-9-88 FO:5

#### RCRA LAND DISPOSAL RESTRICTION INSPECTION

Facility: (ATERPILLAR TRACTOR Co. (CATERPILLAR INC.)
U.S. EPA I.D. No.: ILDOO 5070537 (IL. EPA#1970450028)
Street: Rt. 6 & Channahon Rd.
City: Joliet State: IL Zip Code: 60484
Telephone: (8/5) 729-5721
Operator: CAtenpillan Inc.
Street: Rt. 6 & Changhan Rd.
City: State: IL Zip Code: 60434
Telephone: (8/5) 729-572/
Owner: CATERPILLAR INC.
Street: 100 N. ADAMS St.
City: Psocia State: IL Zip Code: 6/429-33/5
Telephone: $(309)675 - 554/$
Inspection Date: 117/88 Time: 10 - 45 Weather Conditions: Day 35-06
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: Day 35-07
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: 204 35-07  Name Affiliation Telephone  Inspectors: DARREN Brumfield IESA (312) 345-9780
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: Day 35°F  Name Affiliation Telephone
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: 204 35-07  Name Affiliation Telephone  Inspectors: DARREN Brumfield IESA (312) 345-9780
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: Day 35-07  Name Affiliation Telephone  Inspectors: DARREN Brumfiero JEPA (312) 345-9780  Facility Representatives: Nancy Kantaer  Brany Kantaer  RCRA Status LDR Status
Inspection Date: 10 - 45 Weather Conditions: 10 - 45 Weath
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: Day 350 F  Name Affiliation Telephone  Inspectors: Darren Brumfield Jeff (3/2) 345-9780  Facility Representatives: Nancy Kantaer  Generator LDR Status  F-Solvent California List  Generator
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: 250 F  Name Affiliation Telephone  Inspectors: DARREN Brumfield JESA (312) 345-9780  Facility Representatives: Nancy Kantaer  Brown Kantaer  RCRA Status  F-Solvent California List  Generator  Transporter
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: 25° F  Name Affiliation Telephone  Inspectors: DARREN Brumbers JEPA (3/2) 345-9780  Facility Representatives: Nancy Knother Galifornia List  RCRA Status F-Solvent California List  Generator RECEIVED
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: 250 F  Name Affiliation Telephone  Inspectors: DARREN Brumfield JESA (312) 345-9780  Facility Representatives: Nancy Kantaer  Brown Kantaer  RCRA Status  F-Solvent California List  Generator  Transporter

COMMENTS (shipment dates, waste descriptions, etc.)	6-22-88, Liquid	Xylel point Thinosek Shipped C28-88, Liqueed	11/1-Trickbonothers no shipment off-site yet This waste is still on-site (since 2/88)
WASTE QUANTITY	12109015	110gals.	550 gala
WASTE CODE	Fee3	F003 F005	Fee
TYPE OF FACILITY T/D METHOOS	PEUL BUENNING	RECLAINS and ! Feel blens and	A continue constitue const
TSD NAME LOCATION EPA ID NO.	SAFETY KIEEN IN VENTORIOS KUDOSESSASINOS	Safety Pleen in Kentucky Kun 053348108	White the second

#### INSPECTION SUMMARY

Caterpillar, Inc. manufactures parts for other machine products which are assembledelsewhere. The facility's F-ban waste generating process is the paint booth area.

#### F-SOLVENT WASTE GENERATED

- 1. Xylol Paint Thinner (D001, F003 & F005)
  - Generated from paint booth maintenance.
  - Rate of generation is 1200 gallons per year.
  - One drum was on-site.
- 2. Waste Paint (D001, F003 & F005)
  - Generated from all paint booths.
  - Rate of generation is 550 gallons per year.
  - One drum was on-site.
- 3. 1,1,1 Trichloroethane (F001)
  - Generated from maintenance shop.
  - This waste has only been on-site since 2/88. This waste has no regular rate of generation and is no longer being generated.
  - No shipments have been made yet.
  - There are 15-drums on-site waiting for shipment.

#### HAZARDOUS WASTE UNIT

S01-Container Storage: This his still active. All waste are stored here before off-site shipment. However, Caterpillar is planning to close this unit and retain a generator status.

#### Note:

1. Caterpillar had one load of F006 waste (manifest #1994909) rejected by Envirite due to odor problems. The load was returned to Caterpillar and later shipped to CID in Calumet City.

No apparent F-ban violations were noted during the inspection and the site appeared to be in general compliance.

DB:bj:073J

## RCRA LAND DISPOSAL RESTRICTION INSPECTION APPLICABILITY CHECKLIST

Does the facility handle the following wastes?

				Gen.	Treat	Store	Disp.	Trans.
A.	<u>F-S</u>	olvent Wası	<u>tes</u>		re-			
	1.	F001		3		- Dem	-	
	2.	F002		···				
	3.	F003		V	-	- Lorente Control		
	4.	F004						<u>.                                    </u>
	5.	F005		- Brown		<u> </u>		
	٠	Note:	Use Appendi misclassifyin	x A to dete g any of its	rmine whe	ther the fa	cility is	

#### B. California List Wastes

1. Liquid hazardous waste (including free liquids associated with any solid or sludge) that contains the following metals at concentrations greater than or equal to those specified

•		Gen.	Treat	Store	Disp.	Trans.
Arsenic	500 mg/L					
Cadmium	100 mg/L	·				
Chromium VI	500 mg/L	Execution				
Lead	500 mg/L			`.		
Mercury	20 mg/L					
Nickel	134 mg/L					
Selenium	100 mg/L					
Thallium	130 mg/L					

	MA	· -	Gen.	Treat	Store	Disp.	Trans
3.	Liquid hazardous  chaomie Acio  slubge		nt has a	pH of less	than or eq	ual to 2.0	
4.	Liquid hazardous than or equal to  Does the factorial position of the	50 ppm 500 ppm cility mix Bs with ot	liquid I her typ	hazardous ves of waste	vaste that	NA	
5.	Liquid hazardous greater than or ed than 10,000 mg/L	qual to 1,0	t is prin	marily wate L (dilute H	er and that OC wastew	contains H	IOCs ess
	Note: The prohib waste is also subjespecific HOC.	itions of 2 ect to the	268.32(a solvent	)(3) and (e) restrictions	do not ap of 268 Su	ply if the H bpart C or	OC a

#### RCRA LAND DISPOSAL RESTRICTION INSPECTION

#### GENERATOR CHECKLIST

### GENERATOR REQUIREMENTS

1.	F-Solvent Wastes: Does the generator correctly determine the appropriate treatability group of the waste?
	Yes No NA
	If yes, check the appropriate treatability group.
	Wastewaters containing solvents (less than or equal to 1% TOC by weight)  Pharmaceutical wastewater containing spent methylene chloride  All other spent solvent wastes
2.	California List Wastes: Does the generator correctly determine the appropriate treatment standard of the waste?
	a. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 50 but less 500 ppm, is the treatment in accordance with existing TSCA thermal treatment regulations for burning in high efficiency boilers (40 CFR 761.60) or incineration (40 CFR 761.70)?
	Yes NoNA
	If yes, specify the method:
	b. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 500 ppm, is the waste incinerated or disposed of by other approved alternate methods (40 CFR 761, 60 (e))?
	Yes No NA
	If yes, specify the method and state whether the facility has submitted a written request to the Regional Administrator or Assistant Administrator for an exemption from the incineration requirement:
	The facility is regulary that the waste be incretated no request submitted

	orvent wastes
a.	Does the generator determine whether the F-solvent waste exceeds treatment standards?
	Yes No NA
	How was this determination made?
	- Knowledge of waste
	YesNo
	If yes, note how this is adequate:
	- TCLP Yes No
	If yes, provide the date of last test, the frequency of testing, and note any problems. Attach test results.  ANALYSIS ANE Attach €0
b.	Does the F-solvent waste exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?
	Yes No NA
	If yes, specify the waste stream: FODI, FOO3, FOO5
c.	Does the generator dilute the F-solvent waste as a substitute for adequate treatment [268.3]?
	Yes NoNA
d.	How does the generator test F-solvent waste when a process or waste stream changes?  NO process changes on waste  Statem Changes
Cali	fornia List Wastes
a.	Does the generator determine whether the waste is a liquid according to the Paint Filter Liquids Test (PFLT method 9095) as described by SW-846?
	<u> </u>

B. Waste Analysis



Scientific

#### CONTROL LABORATORIES, INC.

TESTING . RESEARCH . CONSULTING

REPORT TO:

Caterpillar Tractor Company

Route 6

Joliet, IL 60434

ATTENTION:

Ms. Nancy Kantner

ORDER NO.

TYPE TEST:

JBJE-04690

Ornore No.

-305

URDER MU.

0000-04030

RECEIVED:

5-15-86

SPECIFICATION No.:

Waste Analysis

REPORTED:

5-30-86

#### IDENTIFICATION OF MATERIAL:

One (1) Waste sample - picked up by our laboratory personnel, identified as: #049 - Xylol With Paint (Waste Paint Thinner) Rt. 6 dated 5-06-86 @ 10:30 AM.

#### PURPOSE:

The purpose of the testing is to determine if the submitted sample is hazardous as per 40 CFR, Part 261, Appendix II.

#### I. TOXICITY:

#### PROCEDURE:

The sample was leached and analyzed in accordance with the procedure specified in 40 CFR, Part 261, Appendix II.

#### RESULTS:

			and the second s			1190 1500
10 V	EPA Hazardou		Maximum			Analysis
Parameter	Waste Number	<u>r</u>	Concent	ratio	n (mg/l)	(mg/l)
						n i hiji
Arsenic	D004			5,0	9 (2) 1 (2)	*1.0
Barium	D005		- 1	.00.		*1.0
Cadmium	D006		8	1.0		*0.1
Chromium	D007	1 6		5.0		*0.1
Hexavalent Chromium	D007			5.0		*0.1
Lead	D008		(#) E	5.0	¥ 6	*0.1
Mercury	D009	12		0.2	Et.	*0.01
Selenium	D010	8		1.0	54°.	*1.0
Silver	D011 .			5.0	2	*0.1
Nickel			£0.000	20.0	350	*0.1

<sup>\*</sup>Denotes "less than" (below detectable limit of procedure used).

Caterpillar Tractor Company Page two Lab. No. 3-305 May 30, 1986

#### II. IGNITABILITY - (D001):

#### PROCEDURE:

The Flash Point was determined in accordance with ASTM D-93-79.

#### RESULTS:

Flash Point (Closed Cup)

64 OF

Minimum Allowable

140°F

#### III. CORROSIVITY - (D002):

#### PROCEDURE:

If the pH of the sample is less than or equal to 2.0 or greater or equal to 12.5, the corrosivity (ie; Total Acidity/Total Alkalinity) is determined in accordance with "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods SW846 USEPA".

#### RESULTS:

pH (10% by wt)

7.09

Total Acid/Total Alkaline (if necessary) (mg/l CaCO3)

Not Applicable

#### IV. REACTIVITY - (D003):

#### PROCEDURE:

The sample was analyzed in accordance with "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods SW846 USEPA".

#### RESULTS:

<u>Parameter</u> <u>Concentration in ppm</u>

Total Cyanide \*10.

Sulfide Phenol \*2.0 7.8

This waste would be considered hazardous based on: Ignitability \*Denotes "less than" (below detectable limit of procedure used).

Respectfully submitted,

SCIENTIFIC CONTROL LABORATORIES, INC.

Ву

Frank Altmayer

FA:lls 2c

# PENT MATER: LS/WASTE PRODUCTS QUALIFICATION OFFICE USE ONLY

r. Lesson

McKesson Envirosystems Co.
127 West Berry St., 200 Commerce Building, Fort Wayne, IN 46802 Tel 219 424-1940

8/88

SUTYLE CELLOSOLY	State Highway 146	f Puerto Rico L	aboratory 2	McKesson Envirosystems Laboratory 633 East 138th Street Dolton, IL 60419			
SAMPLE COLLECTION DATE  STATE   STATE   2IP   WASTE DESCRIPTION  RETHANDL   4-3 %   Solids (centrifuged)   4-5 / % vol.   Waster (total)   Pb   ppm   Cr   ppm   Pcs   P			THE G. WHENT	CUSTOMER SAMPLE NO.			D
STATE   ZIP   WASTE DESCRIPTION   STATE   ZIP   WASTE DESCRIPTION   STILENE/PAINT WASTE   ZIP   WASTE DESCRIPTION   STILENE/PAINT WASTE   ZIP   Ph (direct/stracted)   4-5   Solids (centrifuged)   4-5   Solids (centrif	BILLING ADDRESS	· .		SAMPLE COLLECTION DATE	1		E
Master Peorita   I	STREETDISBURSEMENTS DIVISIO	N LD 135	(#6		9	1-22-86	*
Volatile Organics (Relative Area Per Cent) O Pio METHANOL 4.3 % ISOPROPYL ALCOROL 0.1 % Viscosity 0.860 GM/MI OF Po Popm Wiscosity 0.860 GM/MI OF Po Popm Wiscosity 0.860 GM/MI OF Popm Pre Pre Popm Pre Popm Pre Pre Popm Pre Pr	CITY	STATE ZIP	1 : 6 : 3 : 0			a Team	24
Solids (centrifuged)		□ TCD	- F	1 -	,	Metals	
Water (total)  Water				Dvill digital)		Pb	ppm
SPROPTE LICENSIDE   0.1   %   %   %   %   %   %   %   %   %					% wt.	Cr	ppm
BUTANOIL BUT						Zn	ppm
BUTANOL   SOBUTYL KETONE   9.5 %   PCBs			United to the second of the se	Gravity 0.86	O GM/ML	Fe	ppm
TOLLENS 14.2 % CELLOSOLV ACTATE 0.5 % EBUTYL CELLOSOLV 13.6 % MINERAL SPIRITS 29.1 % MINERAL SPIRITS 29.1 %  Set of the s							
CELLOSOLV ACETATE   0.5   %   Flash Point (closed cup)   oF   ppm   pp		STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C			77 % wt.		ppm
BUTYL CELLOSOLV 13.6 % Fuel Value   Waste   Distillation Bottoms   ppm   ppm   MINERAL SPIRITS   29.1 %   Total Halogen (titration)   0.3 % wt. as Cl   ppm   Ash (from bomb)   9.2 % wt.   ppm   ppm							ppm
Heat Content   15,700 BTU/lb.   ppm   ppm	CELLOSOLV ACETATE						ppm
MINERAL SPIRITS  29.1 % % % % % % % % % % % % % % % % % % %	BUTYL CELLOSOLV						ppm
Ash (from bomb)   9.2 % wt.   ppm   ppm   %			Heat Con				ppm
Phase Information:    Work   Work   Phase Information:   Inorganics   Cl   % wt.   Br   % wt.   Br   % wt.   F   %	MINERAL SPIRITS	and the second s			wt. as CI		ppm
Phase Information:    Ci			Ash (from	bomb) <u>9.2</u>	% wt.		ppm
CI			Phase Int	formation:	17 E	Inorganics	•
Recovery (distillation)			1 11450 1111	omation,	•	1	
Recovery (distillation)							
Recovery (calculated)   % wt.   S   % wt.   Notatile Organics (Wt. Per Cent)   % wt.		A ZWER	Recovery	(distillation)	% w/		
Volatile Organics (Wt. Per Cent)  Volatile Organics (Wt. Per Cent)  Additional Analytical Information:  P		%					The state of the s
Volatile Organics (Wt. Per Cent)  9% wt 9% 9% wt 9% 10-9-86 Chemist Signature CORPORATE REVIEW Environmental Warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazard associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change s as to render the attached Survey and sample submitted to McKesson Envirosystems nonrepresentative.  Please note this approval no. on all shipment manifests.  Please note this approval no. on all shipment manifests.  Please note this approval no. on all shipment manifests.  Please note this approval no. on all shipment manifests.	Total	100.0 %				B -	1000 Mill 1000 M
Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.  Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.  Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.  Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.  Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.  Plant Approval  Date  Date  Plant Approval  Quality  Quality  Plant Approval  Date  Composition options for the waste.  Date  No.  Plant Approval  Date  Composition options for the waste.  Date  No.  Plant Approval  Date  No.  Plant Approval  Date  Approval No.  Please note this approval no. on all shipment manifests.  Please note this approval no. on all shipment manifests.  Please note this approval no. on all shipment manifests.  Please note this approval no. on all shipment manifests.  Now Castle, KY.  Dolton, IL  Manati, PR	Volatile Organics (Wt. Per Cent)		Additions	a Analytical información		-	
Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.  Description Date  Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.  Description Date  CORPORATE REVIEW  Environmental Description Date  Health Environmental Description Date  Health Environmental Description Date  Health Environmental Description Date  Health Environmental Description Date  Transportation Description Date  Transportation Description Date  Transportation Description Date  Transportation Description Description Date  McKesson hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazard associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change s as to render the attached Survey and sample submitted to McKesson Envirosystems nonrepresentative.  Please note this approval no. on all shipment manifests.  Blass  Approval No.  New Castle, KY.  Dolton, IL  Manati, PR	Volumo Organico (vin i el com,	%		w	-		
Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.    Description Date   Description Date   Date						<del></del>	
Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.    Completion Date							% WI.
Chemist Signature  Completion Date  CORPORATE REVIEW  Environmental Approval  Health Environmental Approval  McKesson hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazard associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change s as to render the attached Survey and sample submitted to McKesson Envirosystems nonrepresentative.  Please note this approval no. on all shipment manifests.  Please note this approval no. on all shipment manifests.  Please No.  Please No.  Please No.  Dolton, IL  Manati, PR	Determinations reported above		sed on the sar	nple matrix and potential recycling/	disposition o	ptions for the wa	iste.
Completion Date  Control  Cont				mars &	ougale		16-14-86
Environmental Role and Safety Role 21 & Transportation Role Control Role Control Role Control Role Role Role Role Role Role Role Ro	Chemist Signature	Completion Da	ate	Plant Approval	0 0		Date
McKesson hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazard associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change s as to render the attached Survey and sample submitted to McKesson Envirosystems nonrepresentative.  Please note this approval no. on all shipment manifests.    10-22-86	2014 of bette	ealth 2.70 9	biolaila	6 Transportation MIN 14-14	Qual	ity .	21/86
ty(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazard associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change s as to render the attached Survey and sample submitted to McKesson Envirosystems nonrepresentative.  Please note this approval no. on all shipment manifests.  Signature  Dotton, IL  Manati, PR  Manati, PR							-14-1-11
Please note this approval no. on all shipment manifests.    Signature	ty(s) checked below and that said associated with the waste have	l facility(s) has/h been fairly disc	ave the app losed on th	ropriate permit(s) and can acte e Survey and the composition	cept this wa on of the w	aste as long a vaste does no	s all hazards
Signature Date Approval No.  New Castle, KY. Dolton, IL Manati, PR	nd On				Please	note this appro ent manifests.	val no. on all
New Castle, KY. Dolton, IL Manati, PR	Signature				Appr		
258 00 3 30000 5 3000				•			



140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

05/09/88

LABORATORY REPORT

C490 8421074

CATERPILLAR, INC., JOLIET PLANT RT 6-CHANNAHON ROAD P. O. BOX 504 ,IL 60434 JOLIET ATTN: NANCY KANTNER

88049-C06652 1-1-1 TRICHLOROETHANE / 88-3 DATE RECEIVED 02/18/88 DATE COLLECTED 02/16/88

TEST NAME	RESULT	UNITS	-	,
HEXACHLOROETHANE - TCLP	<0.10	MG/L		
TOXAPHENE - TCLP	N/T	MG/L		
	SAMPLE NOT	AMENABLE	TO	TEST
ARSENIC - TCLP	0.004	MG/L		
BARIUM - TCLP	1.1	MG/L		
CADMIUM - TCLP	0.5	MG/L		
CHROMIUM - TCLP	0.3	MG/L		
LEAD - TCLP	3.6	MG/L		
ERCURY - TCLP	<0.01	MG/L		1
SELENIUM - TCLP	<0.002	MG/L		
SILVER - TCLP	<0.1	MG/L		
ACRYLONITRILE - TCLP	<0.10	MG/L		
CARBON DISULFIDE - TCLP	<0.10	MG/L		
2-METHYLPHENOL - TCLP	<0.25	MG/L		
3-METHYLPHENOL - TCLP	<0.25	MG/L		,
4-METHYLPHENOL- TCLP	<0.25	MG/L		
	<0.10	MG/L		
METHYL ETHYL KETONE - TCLP	<0.10	MG/L		
PYRIDINE - TCLP	<0.25	MG/L		
2,3,4,6-TETRACHLOROPHENOL-	<0.25	MG/L ·		•
BENZENE - TCLP	5.1	MG/L		
CARBON TETRACHLORIDE - TCLP	<310	MG/L		
CHLOROFORM - TCLP	<310	MG/L	, .	
1,2 DICHLOROETHANE - TCLP	<310	MG/L		
1,1 DICHLOROETHYLENE - TCLP	<310	MG/L		
1,1,1,2 TETRACHLOROETHANE-TCLP	<310	MG/L		
1,1,2,2 TETRACHLOROETHANE-TCLP		MG/L		
TETRACHLOROETHYLENE - TCLP	<310	MG/L		
TOLUENE - TCLP	0.19	MG/L		
CHLOROBENZENE - TCLP	₹310	MG/L		
BIS (2-CHLOROETHYL) ETHER-	<0.10	MG/L		
1,4-DICHLOROBENZENE - TCLP	<0.10	MG/L		
2,4-DINITROTOLUENE - TCLP	<0.10	MG/L		
;XACHLOROBENZENE - TCLP	<0.10	MG/L		
,				

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT.FAX # 414-764-0486 ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED. RECEIVING DATE OF SAMPLE

! = REPRINT FAX #414-764-0486 N/T = NOT TESTEDWI DNR LAB CERTIFICATION #241283020

N/A = NOT APPLICABLE

APPROVAL \_



140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

05/09/88

LABORATORY REPORT

PAGE 2

C490 8421074 B42 KP/\* / / /

CATERPILLAR, INC., JOLIET PLANT
RT 6-CHANNAHON ROAD P. O. BOX 504
JOLIET ,IL 60434
ATTN: NANCY KANTNER

SAMPLE 88049-C06652 1-1-1 TRICHLOROETHANE / 88-3 DATE COLLECTED 02/16/88 DATE RECEIVED 02/18/88

TEST NAME	RESULT	UNITS	
HEXACHLOROBUTADIENE - TCLP	<0.10	MG/L	1
NITROBENZENE - TCLP	<0.10	MG/L	1.
PENTACHLOROPHENOL - TCLP	<0.25	MG/L	1
PHENOL - TCLP	<0.25	MG/L	
CHLORDANE - TCLP	N/T	MG/L	
	SAMPLE NOT	AMENABLE TO TEST	
ENDRIN - TCLP	N/T	MG/L	
HEPTACHLOR - TCLP	N/T	MG/L	
HEPTACHOLR EPOXIDE - TCLP	N/T	MG/L	
LINDANE - TCLP	N/T	MG/L	a paint
METHOXYCHLOR - TCLP	N/T	MG/L	
2,4-D - TCLP	N/T	MG/L	
	SAMPLE NOT	AMENABLE TO TEST	
BARIUM - TOTAL	1.4	PPM	1
CADMIUM - TOTAL	0.4	PPM	
CHROMIUM - TOTAL	0.5	PPM	
LEAD - TOTAL	2.7	PPM	!
SILVER - TOTAL	<0.1	PPM	
ARSENIC - TOTAL	0.038	PPM	1
SELENIUM - TOTAL	0.049	PPM	!
MERCURY TOTAL	<0.01	-PPM	
TOTAL ORGANIC CARBON	33000	PPM	
% CHLORINE	60	%	
COLOR	BROWN		
AIR REACTIVITY		PPM	
n s	NEGATIVE	All Control of the Co	
WATER REACTIVITY	94	PPM,	× ,
	NEGATIVE		
PHYSICAL CHARACTERISTICS	LIQUID		
FREE LIQUIDS	99	%	
EXTRACTABLE ORGANIC HALIDE	570000	PPM	
	HEXACHLOROBUTADIENE - TCLP NITROBENZENE - TCLP PENTACHLOROPHENOL - TCLP PHENOL - TCLP CHLORDANE - TCLP ENDRIN - TCLP HEPTACHLOR - TCLP HEPTACHOLR EPOXIDE - TCLP LINDANE - TCLP METHOXYCHLOR - TCLP 2,4-D - TCLP  BARIUM - TOTAL CADMIUM - TOTAL CHROMIUM - TOTAL LEAD - TOTAL SILVER - TOTAL ARSENIC - TOTAL SELENIUM - TOTAL TOTAL ORGANIC CARBON CHLORINE COLOR AIR REACTIVITY  WATER REACTIVITY  PHYSICAL CHARACTERISTICS FREE LIQUIDS	HEXACHLOROBUTADIENE - TCLP	HEXACHLOROBUTADIENE - TCLP

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020.

EST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846.

NAME OF ASTM STANDARDS, 1982.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT.FAX # 414-764-0486

ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE

RECEIVING DATE OF SAMPLE. WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED.

WI DNR LAB CERTIFICATION #241283020

! = REPRINT FAX #414-764-0486 N/T = NOT TESTED

N/A = NOT APPLICABLE

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140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

05/09/88

LABORATORY REPORT

PAGE 3

C490 8421074 B42 KP/\* / / /

CATERPILLAR, INC., JOLIET PLANT RT 6-CHANNAHON ROAD P. O. BOX 504 JOLIET ,IL 60434

ATTN: NANCY KANTNER

SAMPLE 88049-C06652 1-1-1 TRICHLOROETHANE / 88-3
DATE COLLECTED 02/16/88 DATE RECEIVED 02/18/88

TEST NAME	RESULT	UNITS
ACID REACTIVITY		PPM !
	NEGATIVE	
BASE REACTIVITY		PPM !
	NEGATIVE	
ACIDITY, AS CACO3	6000	PPM !
ALKALINITY TOTAL, AS CACO3	2000	PPM !
FLASH POINT (FAHRENHEIT)	>210	DEG. F
PH (UNITS)	7.4	
	PH DONE ON	10% SOLUTION.
SPECIFIC GRAVITY	1.3	G/ML !
TOTAL SOLIDS	6.8	%
PHENOLICS	1.6	PPM !
TOTAL CYANIDE	<10	PPM !
REACTIVE CYANIDE	<10	PPM
TOTAL SULFIDE	ζ2 .	PPM
REACTIVE SULFIDE	<1.0	PPM !
LOAD BEARING (PENETROMETER)	<0.5	TON/SQF
PCB'S - SOLIDS, OIL, WASTE	25	PPM
	AROCHLOR 1	260 /TCLP PARAMETERS RUN ON NON-
Mariana Mariana	EXTRACTED	SAMPLE DUE TO ABSENCE OF SOLIDS

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020.

ST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846.

ETHODS 601-612, FEDERAL REGISTER, VOL. 44, NO. 233.

F YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486

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## ENV.RONMENTAL SERVICES

10/22/87

LABORATORY REPORT

PAGE 1

C490 8417008 W

CATERPILLAR, INC., JOLIET PLANT
RT 6 BOX 504

JOLIET ,IL 60434

ATTN: NANCY KANTNER

SAMPLE 87224-C06481 WASTE PAINT

DATE COLLECTED 08/11/87 DATE RECEIVED 08/12/87

TEST NAME	RESULT	UNITS
HEXACHLOROETHANE	<0.035	MG/L
TOXAPHENE	<0.04	MG/L
ARSENIC	<0.001	MG/L
BARIUM	0.14	MG/L
CADMIUM	<0.05	MG/L
CHROMIUM	<0.05	MG/L
LEAD	1.8	MG/L
MERCURY	<0.0002	MG/L
SELENIUM	<0.002	MG/L
SILVER	<0.05	MG/L
ACRYLONITRILE	<1.4	MG/L
CARBON DISULFIDE	<1.4	MG/L
O-CRESOL	<0.025	MG/L
M-CRESOL	<0.025	MG/L
P-CRESOL	<0.025	MG/L
ISOBUTANOL	<1.4	MG/L
METHYL ETHYL KETONE	<1.4	MG/L .
PYRIDINE	<1.4	MG/L
2,3,4,6 TETRACHLOROPHENOL	<0.023	MG/L
BENZENE	11	MG/L
CARBON TETRACHLORIDE	<0.001	MG/L
CHLOROFORM	<0.001	MG/L
1,2 DICHLOROETHANE	<0.001	MG/L
1,1 DICHLOROETHYLENE	<0.001	MG/L
1,1,1,2 TETRACHLOROETHANE	<0.001	MG/L
1,1,2,2 TETRACHLOROETHANE	<0.001	MG/L
TETRACHLOCOLTHYLENE	0.007	MG/L
TOLUENE	4.9	MG/L
CHLOROBENZENE	<0.001	MG/L
BIS (2 CHLOROETHYL) ETHER	<0.01	MG/L
1,4 DICHLOROBENZENE	<0.01	MG/L
2,4 DINITROTOLUENE	<0.01	MG/L
HEXACHLOROBENZENE	<0.01	MG/L
HEXACHLOROBUTADIENE	<0.01	MG/L

Y YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486

ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 8 WEEKS FROM THE

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#### CHEM-BIO CORPORATION

# BERVICES SERVICES

10/22/87

LABORATORY REPORT

PAGE 2

C490 8417008 W43

CATERPILLAR, INC., JOLIET PLANT

RT 6 BOX 504

JOLIET

,IL 60434

ATTN: NANCY KANTNER

SAMPLE 87224-C06481 WASTE PAINT

DATE COLLECTED 08/11/87 DATE RECEIVED 08/12/83

	· ·	
TEST NAME	RESULT	UNITS
NITROBENZENE	<0.01	MG/L
PENTACHLOROPHENOL	<0.023	MG/L
PHENOL	<0.023	MG/L
CHLORDANE	<0.04	MG/L
ENDRIN	<0.04	MG/L
HEPTACHLOR	<0.04	MG/L
HEPTACHOLR EPOXIDE	<0.04	MG/L
LINDANE	<0.04	MG/L
METHOXYCHLOR	<0.04	MG/L
2,4-D	<2.0	MG/L
The state of the s		

TF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486

IN REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 8 WEEKS FROM THE
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#### CHEM-BIO CORPORATION



140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

06/08/88

LABORATORY REPORT

PAGE 1

C490 8422597 W29

CATERPILLAR, INC., JOLIET PLANT
RT 6-CHANNAHON ROAD P. O. BOX 504
JOLIET ,IL 60434
ATTN: NANCY KANTNER

SAMPLE 88113-C06651 WASTE PAINT 88-18

DATE COLLECTED 04/19/88 DATE RECEIVED 04/22/88

	TEST NAME	RESULT	UNITS	EP TOXICITY	EP LIMIT	HAZ.CODE
					3	
	BARIUM - TOTAL	14	PPM	0.05	1.0	1 1 1 1
	CADMIUM - TOTAL	4.6	1000 (1000 LIVE)	<0.05 MG/L	1.0	
	CHROMIUM - TOTAL	13	Carlo Control	<0.05 MG/L	5.0	
	LEAD - TOTAL	87		<0.5 MG/L	5.0	
	SILVER - TOTAL	2.5	PPM		- 19 g 1 s	and the second of
	ARSENIC - TOTAL	0.37	PPM		· /	
	SELENIUM - TOTAL	<0.020	PPM	W		
	MERCURY - TOTAL	<0.01	PPM	1		
ž.	TOTAL ORGANIC CARBON	N/T	PPM			
1	<b>J</b> .	TEST NOT A	PPLICABLE	TO SAMPLE TYPE.		19
	% CHLORINE	0.12	%		. 1	
	COLOR	YELLOW				
	AIR REACTIVITY	NONE	PPM			
	WATER REACTIVITY	NONE	PPM	2901	100	
	PHYSICAL CHARACTERISTICS	LIQUID				
16	FREE LIQUIDS	95	%			
X.	EXTRACTABLE ORGANIC HALIDE	170	PPM		40	
14	ACID REACTIVITY	NONE	PPM		, a me <sup>si</sup>	y design
M	BASE REACTIVITY	NONE	PPM			
	ACIDITY, AS CACO3	1600	PPM			
	ALKALINITY TOTAL, AS CACO3	900	PPM		8 ·	a
	FLASH POINT (FAHRENHEIT)	92	DEG. F	*	140.0	D001
	PH (UNITS)	6.5		323	2.0-12.5	
, 1		PH DONE ON	1 10% SOLU	JTION.		
	SPECIFIC GRAVITY	1.07	G/ML			
	TOTAL SOLIDS	55	%	50 Sil		Mar Tradition
	PHENOLICS	61	PPM	₩	8	
	TOTAL CYANIDE	<10	PPM		*	
	REACTIVE CYANIDE	<10	PPM			
4		<2.0	PPM	20 (0.5)	/	
	TOTAL SULFIDE	26 Marina (50)	PPM	16	*	
	REACTIVE SULFIDE	<1.0	TIM			

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020.

'EST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846.

ANNUAL BOOKS OF ASTM STANDARDS, 1982.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486

ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE

ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS HISTED ABOVE OF WASTE SAMPLE.

WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED.

N/T = NOT TESTED N/A = NOT APPLICABLE APPROVAL WILL APPROVAL.

N/T = NOT TESTED N/A = NOT APPLICAB WI DNR LAB CERTIFICATION #241283020

(800) 592-5900 DT332



## <u>ENVIRONMENTAL</u>

CHEM-BIO CORPORATION

140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

06/08/88

FAX #414-764-0486

LABORATORY REPORT

PAGE

C490 8422597

(800) 592-5900 DT332

CATERPILLAR, INC., JOLIET PLANT RT 6-CHANNAHON ROAD P. O. BOX 504 ,IL 60434 JOLIET

ATTN: NANCY KANTNER

88113-C06651 WASTE PAINT 88-18

DATE COLLECTED 04/19/88 DATE RECEIVED 04/22/88

TEST NAME	RESULT	UNITS	EP	TOXICITY	 -	EP LIMIT	HAZ.CODE
LOAD BEARING (PENETROMETER)	<0.5	TON/SQF					
1,1,2-TRICHLOROETHANE	<0.005	PPM					
META-CRESOL	<0.010	PPM					
ORTHO-CRESOL	<0.010	PPM					
PARA-CRESOL	<0.010	PPM					
NITROBENZENE	<0.10	PPM		•		1	
PYRIDINE	<0.010	PPM					
SOLVENT SCAN	<0.010	PPM					

METHODS 601-612, FEDERAL REGISTER, VOL. 44, NO. 233. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486 ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED. RECEIVING DATE OF SAMPLE. APPROVAL AND N/T = NOT TESTEDN/A = NOT APPLICABLE

WI DNR LAB CERTIFICATION #241283020



## ENVIRONMENTAL SERVICES

CHEM-BIO CORPORATION 140 East Ryan Road • Oak Creek, WI 53154-4599 (414) 764-7005

June 13, 1988

Caterpillar, Inc., Joliet Plant RT 6-Channahon Road P.O. Box 504 Joliet, IL 60434 Attn: Nancy Kantner

Dear Ms. Kantner,

Per your request you will find a list of the solvent scan parameters with their results on sample 88113-C06651.

TEST NAME	RESULT		UNIT
ACETONE	<0.010		PPM
BENZENE	<0.010		PPM
N-BUTANOL	<0.010	*	PPM
2-BUTOXYETHANOL	<0.010		PPM
BUTYL ACETATE	<0.010		PPM
CARBON DISULFIDE	<0.010		PPM
CARBON TETRACHLORIDE	<0.010		PPM
CHLOROBENZENE	<0.010		PPM
CHLOROFORM	<0.010		PPM
CYCLOHEXANONE	<0.010		PPM
O-DICHLOROBENZENE	<0.010		PPM
ETHANOL	<0.010	55	PPM
2-ETHOXYETHANOL	<0.010		PPM
2-ETHOXYETHANOL ACETATE	<0.010	_3	PPM
ETHYL ACETATE	<0.010	200	PPM
ETHYL ETHER	<0.010	,	PPM
ETHYLBENZENE	<0.010		PPM
ISOBUTANOL	<0.010		PPM
ISOPROPANOL	<0.010		PPM
METHANOL	<0.010		PPM
METHYL ETHYL KETONE	<0.010	28	PPM
METHYL ISOBUTYL KETONE	<0.010		PPM
METHYLENE CHLORIDE	<0.010	. P	PPM
STYRENE	<0.010	81	PPM
TETRACHLOROETHYLENE	<0.010		PPM
TOLUENE	<0.010	54 <b>8</b>	PPM
1,1,1-TRICHLOROETHANE	<0.010		PPM
TRICHLOROETHYLENE	<0.010		PPM
TRICHLOROFLUOROMETHANE	<0.010		PPM
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	<0.010		PPM
		114	

			7	⁄es	No		NA	
	What	type of	absorbent	is used	?		NA	
		the typ			ich absorb	ent is		
-		Liquid h	azardous equal to 2		aving a pH	less		
		greater 1		ual to I	ontaining H ,000 mg/L,		concentrat	ions /
-		Liquid l	nazardous	waste c	ontaining	netals		
,		Liquid l	nazardous	waste c	ontaining f	ree cyan	ides	
	extra	ct or filt or whet	rate) in th	he waste	whether the equal or e a pH of le	xceed the	e prohibiti	ion
,	<b>-</b>	Knowled	ige of wa	stes				
			- 1	'es	No		NA	
		If yes, n	ote how t	his is ad	lequate:			
•	-	Testing		?es	No		NA	***************************************
		If yes, li	st test me	thod use	ed:	Sw-	846	
					concentra		ls in PFL	Γ extract
			<u> 1/3</u>	es :	No		NA	
•	•	If yes, li levels the	st test me at exceede	thod use ed prohi	ed and cons bition leve	stituent a	nd concen U-846	tration
			<u>- لع</u>	75 - F	Ú/			PECEN
								NOV ZR

Man	agem	<u>ent</u>
1.	On-	Site Management
		aste that exceeds the treatment standards treated, stored, isposed on-site?  Yes No
	If y	es, the TSD Checklist must be completed.
- 60		
2.	Off	-Site Management
	a.	Does the generator ship any waste that exceeds the treatment standards to an off-site treatment or storage facility?  Yes  No
		If yes, does the generator provide notification to the treatment or storage facility [268.7(a)(1)]?
		Yes No
		If yes, does notification contain the following?
		EPA Hazardous waste number(s) Yes No
		Applicable treatment standards Yes No
		Manifest number Yes No
		Waste analysis data, if available Yes No
		Identify off-site treatment or storage facilities: Safety Kleen Enro-systems
	b.	Does the generator ship any waste that meets the treatment standards to an off-site disposal facility?
		Yes No
		If yes, does the generator provide notification and certification to the disposal facility [268.7(a)(2)]?
		Yes No N/A

C.

	If yes, does notification contain the follow	owing?
	EPA Hazardous waste number(s)	Yes No
1	Applicable treatment standards	Yes No
MA	Manifest number	Yes No
	Waste analysis data, if available	Yes No
·	Certification that the waste meets treatment standards	Yes No
	Identify off-site land disposal facilities:	
. V		
c.	If the waste is subject to a nationwide version, solvent-water mixtures less than 1% (268.5), or petition (268.6), does the general provide notification to the off-site disposthat the waste is exempt from land dispostestrictions [268.7(a)(3)]?	o), extension rator sal facility osal
	Yes No	NA NA
(i.e., boile	et Using RCRA 264/265 Exempt Units or Pers, furnaces, distillation units, wastewater at tanks, elementary neutralization, etc.)	
	treatment residuals generated from units er RCRA 264/265?No	. •
If y	es, list types of waste treatment units and	processes:

### RCRA LAND DISPOSAL RESTRICTION INSPECTION

#### TRANSPORTER CHECKLIST

TR	TRANSPORTER CHECKLIST  ANSPORTER REQUIREMENTS  WHAT TO A SPORTER.
Α.	Does the transporter accumulate waste for more than 10 days [268.50(A)(3)]?
	Yes No
	If yes, check the appropriate regulatory status:  Interim status for storage RCRA permit for storage  If no, describe inventory controls to ensure that wastes are not stored for more than 10 days:
В.	Does the transporter mix, combine, or recontainerize wastes?
	Yes No
C.	Is the waste treated in an exempt treatment process on-site?
	Yes No

## RCRA LAND DISPOSAL RESTRICTION INSPECTION TSD CHECKLIST

### TSD REQUIREMENTS

Ger	neral	Facility Standards
1.	Do- req	es the waste analysis plan cover Part 268 uirements [264.13 or 265.13]?
	<b>o</b> 1	F-solvent Yes No NA
•	0 (	California List Yes No NA
2.	Do was	es the facility obtain representative chemical and physical analyses of stes and residues?  Yes No
	а.	What date was the waste analysis plan last revised? $\frac{7-600}{8-29-88}$
	ъ.	Are analyses conducted on-site or off-site?
		On-site Off-site
		Identify off-site lab: INDEPENDENT LASS
	c.	Is F-solvent waste analyzed using TCLP?
		No NA
	d.	Describe the frequency of sampling: BEfore EVERY
		Shi Pon East
	e.	Describe procedures used to identify manifest discrepancies:
3.	Are com	the operating records, including analyses and quantities, plete [264.73/265.73]?
		X Yes No

B.	Stor	age (268.50)
	1.	Are restricted wastes stored on-site?
		Yes No
		If no, go to C, Treatment in Surface Impoundments.
	2.	If yes, check the appropriate method.
	āi.	Tanks Containers
	3	Are all containers clearly marked to identify the contents and date(s) entering storage?
		Yes No NA
12		
	4.	Do operating records track the location, quantity of the wastes, and dates that the wastes enter and leave storage?
		Yes No
	5.	Do operating records agree with container labeling?
		Yes No NA
	6.	Have wastes been stored for more than 1 year since the applicable LDR regulations went into effect?
		Yes No NA
		If yes, can the facility show that such accumulation is necessary to facilitate proper recovery, treatment, or disposal?
		Yes No
		If yes, state how:

	Have tanks been emptied at least or regulations went into effect?		Market	
	Yes	No	NA	No TANKS
	If yes, do the operating record volume of waste removed from or is more than the tank volume.  Yes	n tanks annua		14025
8.	Are all tanks clearly marked with a the quantity of wastes received, and or is such information recorded and record?	l date(s) enter	ing storage,	
	Yes	No	NA	
			· · · · · · · · · · · · · · · · · · ·	
				· · ·
	Does the facility treat restricted wa		. ,	N/
<u>Tre</u> 1.	Does the facility treat restricted wa impoundments?	stes other tha	n in surface	
	Does the facility treat restricted wa impoundments?  Yes	stes other tha	n in surface	<i>N/</i>
1,	Does the facility treat restricted was impoundments?  Yes  If no, go to D, Treatment in Surface Describe the treatment processes:  Does the facility, in accordance with analysis plan, determine whether the treatment processes is less than treatment processes is less than treatment.	stes other tha  No  Impoundment  h an acceptabe residue from	n in surface  nts.  le waste n all	
1.	Does the facility treat restricted was impoundments?  Yes  If no, go to D, Treatment in Surface Describe the treatment processes:  Does the facility, in accordance with analysis plan, determine whether the	stes other tha  No Impoundment  h an acceptabe residue frontment standar	n in surface  nts.  le waste n all	
1.	Does the facility treat restricted was impoundments?  Yes  If no, go to D, Treatment in Surface Describe the treatment processes:  Does the facility, in accordance with analysis plan, determine whether the treatment processes is less than treat [268.7(b)]?	h an acceptabe residue from	n in surface  nts.  le waste n all ds	
1. 2.	Does the facility treat restricted was impoundments?  Yes  If no, go to D, Treatment in Surface Describe the treatment processes:  Does the facility, in accordance with analysis plan, determine whether the treatment processes is less than treat [268.7(b)]?  Yes	h an acceptabe residue from	n in surface  nts.  le waste n all ds	

6.	Are notifications prepared by the generators kept in the facility's operating record?
	Yes No MA
7.	Does the facility ship any waste or treatment residue that meets the treatment standards to an off-site disposal facility?
	Yes NoNA
€	
	If yes, does the treatment facility provide notification and certification to the disposal facility?
	Yes No
ý	If yes, does notification contain the following?
MA	EPA Hazardous waste number(s) Yes No
	Applicable treatment standards Yes No
	Manifest number Yes No
	Waste analysis data, if available Yes No
1	Certification that the waste meets the treatment standards Yes No
V	Identify off-site disposal facilities:
D. <u>Tre</u> a	tment in Surface Impoundments HA -> NO SURFACE impoundments
. 1.	Are restricted wastes placed in surface impoundments for treatment?
	Yes No
3	If no, go to E, Land Disposal.
2.	If yes, did the facility submit to the Agency the waste analysis plan and certification of compliance with minimum technology and ground-water monitoring requirements?
	Yes No

		c. Are residues subsequently managed in another surface impoundment?  Yes No
		d. Are residues treated prior to disposal?
		Yes No
		If yes, are waste residues treated on-site or off-site?
	·	On-site Off-site
		Identify treatment method:
E.	Lan	I Disposal My NO LAND Disposing
	1.	Are restricted wastes placed in land disposal units such as landfills, surface impoundments waste piles, wells, land treatment units, salt domes/beds, mines/caves, or concrete vault or bunker?
		Yes No
		Note: Do not include surface impoundments addressed in D, Treatmen in Surface Impoundments.
		If yes, specify which units and what wastes each unit has received:
	2.	Does the facility operating record have notices and certifications from generators/storer/treaters [268.7(c); 268.7(a),(b)]?
		Yes No
	3.	Does the facility obtain waste analysis data or test the wastes (according to the waste analysis plan) to determine that the wastes comply with the applicable treatment standards [268.7(c)]?  Yes No
		If yes, at what frequency?

166 - 181



217/782-6761

Peter to: 1970450028 -- Will County

Caterpillar, Inc. 1L0005070537 RERA - Permits

May 6, 1988

Caterpillar, Inc. Channahon Rd. Jolist, Illinois 60434

Atta: Environmental Coordinator or

Plant lamger

Open Siri

According to Agency files, your facility currently manages hazardous maste in containers and/or tanks subject to the requirements of 35 IAC 700-725. 35 IAC 703.157(f) states that interim status for any hazardous waste storage or treatment facility will be terminated November 6, 1992, unless the facility submits Part B of the RERA permit application for these units to this Agency by Hovember 8, 1988. This letter is written to (1) make you aware of this requirement and (2) describe the actions which must be taken in response to this requirement.

According to 35 IAC 703.757(f), if an existing facility desires to (1) store hazardous waste on-site for greater than minety (90) days, (2) treat hazardous maste, or (3) store hazardoss maste as a commercial facility after Hovember 8, 1992, it must submit Part B of the RCRA permit application to this Agency by November 8, 1986. The information which must be contained in this application is described in 35 IAC 703, Subpart D. The enclosed document, entitled "RCRA Permit Guidance" provides more detail regarding the necessary contents of the application and also identifies several guidance documents which will be useful in developing the application. Also included in this document is the form which must be used when submitting the application.

If a facility does not desire to continue storing and/or treating hazardous maste after November 8, 1992, it must close the storage and/or treatment unit(s) present at the facility prior to this date. Closure, in this instance, basically means that all contamination must be removed from the unit(s) and if necessary, from the area surrounding these units. The requirements which must be met in closing these units are contained in 35 LAC 725, Subpart 6. For you convenience, guidance for the development of a closure plan is contained in the enclosed document entitled "Instructions for the Preparation of Closure Plans for Interin Status RCRA Mazardous Maste Facilities." PLEASE BOTE THAT A CLOSURE PLAN DOES NOT NEED TO BE SUBMITTED AT THIS TIME. IT MUST MOVEYER, BE SUBMITTED TO THE AGENCY NO LATER THAN WAY 8, 1992



Page S

In some instances, there may be beveral interior status hezeroous waste management units at a facility. The facility may desire to pursue a final ACEA permit for a portion of these units and close the rest of them. Because of the appertainty associated with this option, all interin status and a facility wast to included in Part B of the ECAL permit application, unless a clasure plan for the units being classed is summitted with the Part S. If a closure plan is substreed with the Part B, the application need only address Those write which will remain in appracion.

The only afternatives available for basardous waste treatment and storage facilities to meet the requirements of 35 Inc 703.157(f) are (1) subsit Part 3 of the RCRA permit application by Movember 8, 1968 or (3) close by November 8, 1992. However, nowe facilities may have previously filed Part A of the ACAA permit application in error and now feel that the hazardous waste experient activities carried out at the facility do not require a ACEA permit (i.e. the Part A was filed for protective measures). If this is the case, the Agency requests that information supporting this position be submitted no later than However S, 1982. The Agency can then review the information substitud and correct its records accordingly. The information which must be subsitted to take this demonstration is contained in the exclused document entitled "Facility Part A Withdraws Request Form,"

Finally, some facilities may have closed or are corrently closing in accordance with an IIIA approved closure plan. (Please bear is sind this letter is going out to over 200 facilities; some closed facilities may implyertently receive this letter.) In this instance, the Agency requests that a copy of (1) the cleare plan approved letter and (2) the letter from the Agency accepting the certifications of the pener/operator and the registered professional engineer that closure was corried out in accordance with the approved closure plan (if closure has been completed) to substitute by Adventer 8, 1983. The Agency will equin be able to review this information and correct its records accordingly.

decause of the large paster of facilities subject to the requirements of 25 IAC 703.187(f), the Agency reguests that all facilities receiving this letter complete the exclused form entitled "MANA Fermit Information form." The form has been developed such that it can be used by a facility falling into any of the five categories described above (persuing a final penalt, planning to close, pursuing a permit for only a portion of the interio status units and closing the einer units, protective filers, closed in accordance with an IIVA approved closure plan). This fore must be submitted to the Agency no later than Rovember 8, 1988, along pith all required attachments. Failure to do so ray subject a facility to emforcement under State and/or Pederal regulations and possible monetary penalties up to 125,000 per day of mencepoliance.



Page 3

The RCAA Permit Information Form and all required attachments must be submitted in triplicate (original and two (2) copies) to the following address:

Permit Section, MCRA Unit Division of Land Pollution Control Illinois Environmental Protection Agency 2200 Churchill Road P.O. Box 19276 Springfield, 1L 62794-9276

If you have any questions regarding this letter, please contact Jin Moore at 217/762-9875.

Very truly yours,

Lawrence W. Easten, P.C., Panager Permit Section Division of Land Pollution Control

LHE: JKH: rd 13135/13145

Enclosures.

cc: Division File Compliance Paywood Region USEPA Region V

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1 8 MAR 1988

Ms. Nancy Kantner Caterpillar, Inc. 2700 McDonough Street Joliet, Illinois 60434

Re: Caterpillar, Inc. ILD 005 070 537

Caterpillar, Inc. ILD 980 503 080

Dear Ms. Kantner:

The United States Environmental Protection Agency (U.S. EPA) has reviewed the information which you submitted to this office on February 4, 1988. The stated actions appear to adequately address the land disposal restrictions deficiencies outlined in U.S. EPA's Notice of Violations letters dated January 11, 1988, and January 27, 1988, respectively. However, it was noted on the notification of restrictive waste form that you submitted the treatment standards for methyl ethyl ketone and methyl isobutyl etone were transposed. Please make this correction for future shipments.

Your cooperation and efforts in this matter are greatly appreciated. Should you have further questions, please feel free to contact Barbara Russell of my staff at (312) 353-7922.

Sincerely yours,

ORIGINAL SIGNED BY WILLIAM E. MUND

William E. Muno, Chief RCRA Enforcement Branch

cc: H. Chappel, IEPA G. Savage, IEPA

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Joliet, Illinois 60434

February 4, 1988

William E. Muno 5HE-12 RCRA Enforcement Section U.S.E.P.A. 230 S. Dearborn Street Chicago, Illinois 60604



RE: Compliance Letters 5HE-12 ILD 005070537 Rt. 6 ILD 986503080 McDonough St.

In reply to your letters concerning these two facilities:

- A. The waste analysis plan for both Joliet sites was revised in August 1987. A copy of the section in question is attached.
- B. In 1987 two shipments (Manifest IL 1655401 and IL 1655418) of solvent were shipped from ILD005070537 without the required notification to the disposal facility. However, after finding this procedural error the two subsequent shipments had the 40CFR268 statement attached. See manifest IL 1655424 on 8-26-87 for ILD005070537 and manifest IL 1655525 on 10/26/87 for ILD986503080 attached.

This should address your concerns.

3 Kestse GKantner Environmental Coordinator 815/729-6270

bc/gk020488

Attachments

#### WASTESTREAM: WASTE PAINT

#### BACKGROUND:

The Material Safety Data Sheets indicate that the paints used in the plant contain FOO1-FOO5 solvents making the waste a restricted waste. As a restricted waste, the treatment facility requires certification with requires the following information:

- 1. The EPA Mazardous Waste Number
- 2. The manifest number associated with the shipment of waste
- 3. The date shipped
- 4. The corresponding treatment standard
- 5. Analysis if available
- The certification statement with authorized signature

This waste is sent to a treatment facility for fuel blending. Any solid residue not accepted for fuel blending is then incinerated.

LOCATION: Paint Booths & Maintenance MJ/TANK: VOLUME:

#### PARAMETERS:

The following analysis are required for liquid wastes going to treatment, storage, and recovery facilities:

Flashpoint (F) Pensky-Martens closed cup

tester

Sulfide (total and reactive) Cyanide (total and reactive) Phenol pH

Heavy metals: Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Selenium, and Silver totals; if totals are greater than E.P. Toxcity limits, give E.P. Toxicity concentrations

Organics: TCLP (Toxicity Characteristic Leaching Procedure-Appendix I of Part 268) Physical characteristics

These parameters should provide sufficient information on the waste properties for a treatment facility.

#### TEST METHODS:

All test methods shall conform with "Test Methods for Evaluating Solid Waste: Physical and Chemical Methods" SW-846 and in accordance with RCRA regulations.

#### FREQUENCY:

Sample analysis shall be taken prior to a new disposal source, a process/product change, or at a minimum of once a year.

SAMPLING METHODS:

Composite COLIWASA from storage drums

SAMPLE VOLUME: One quart

SAMPLE CONTAINER: Glass jar

FREQUENCY OF REVIEW:
Yearly

This waste is sent to a treatment facility for fuel blending. Any solid residue not accepted for fuel blending is then incinerated.

LOCATION: Paint Booths & Maintenance MJ/TANK: VOLUME:

#### PARAMETERS:

The following analysis are required for liquid wastes going to treatment, storage, and recovery facilities:

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Organics: TCLP (Toxicity Characteristic \text{\text{Leaching Procedure-Appendix I of Part 268})

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Physical characteristics

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#### SAMPLING METHODS:

Composite COLIWASA from storage drums

SAMPLE VOLUME:

One quart

SAMPLE CONTAINER:

Glass jar

FREQUENCY OF REVIEW:
Yearly

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for this Agency is authorized to require, pursuant to litrois Revised Statutes, 1933, Chapter 111½ Section 21, that this information be submitted to the Agency, Faithre to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Faithreads only information may result in a line up to \$50,000 per day of violation and impression to the exceed \$25,000 per day of violation. Faithreads only information may result in a line up to \$50,000 per day of violation and impression and the second \$25,000 per day of violation. Faithreads only this Forms Management

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	5. Transporter 1 Company Name Schnider	WID98	<del></del>		58-5091T	ransporter's Phone
	7. Transporter 2 Company Name     9. Designated Facility Name and Site Addre	00.	EPA ID Number  EPA ID Number	F.(****)	nsporter's ID Tr	ansporter's Phone
	Safety Kleen Envirosytems		EFA ID Number	Facility's  ID  H.Facility's F		1690006
	633 East 138th St. Dolton 11. US DOT Description (Including Proper	III 60419   1LD9806	<del> </del>	(312) 84	9-4850 13.   14.	
G	G HM		No.	1	Total Unit Quantity Wt/Vo	
E N E	Flammable Liquid UN19	993 (F003,F005)	019	D. M 0	045 1	XX1F 0 0 13
R A T	X "RO"Waste Paint Rela	ated Materials. A1263 (F003,F005	) 043	D.MO2	1365/	XX1F 0 10 13 Authorization Number
P	O-  C.					EPA HW Number  X X
	d.					EPA HW Number
	J. Additional Descriptions for Materials Liste A. Waste Paint Thinner D00 (JBJE24260) Survey# 054  B. WastePaint D001, F003, F0  15. Special Handling Instructions and Addition	1,F003 29-8188,F005 05,Survey#05448-8563	(JBJE25798 <sup>A=78</sup>	K Handling In Item #1 1 = Galle		Listed Above  = Cubic Yards
						The second second
	16. GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable international Unless I am a small quantity generator whe 3002(b) of RCRA, I also certify that I have	packed, marked, and labeled, and all onal and national government regula o has been exempted by statute or re-	re in all respects in prope ations, and illinois regulati gulation from the duty to π volume and toxicity of was	r condition for ions. nake a waste m ste generated i	transport by inimization certif to the degree I ha	ave determined to be
	economically practicable and I have selecthreat to human health and the environm  Printed/Typed Name	cted the method of treatment, storage ent. On b Signate	eha 17 of gamer,	illar I	hich minimizes to	Date  Month Day Year
1	Frank J Damakowski, JR T 17. Transporter 1 Acknowledgement of Rece		trank 1	ansk	not,	017 0178 7
A S F	Printed/Typed Name  BRIAN  18. Transporter 2 Acknowledgement of Reci	Signatu	3 rean de	126		Month Day Year
	Printed/Typed Name	Signatu	re			Month Day Year
	19. Discrepancy Indication Space F A C I		·			
` [ <u>'</u>	20. Facility Owner or Operator Certification Printed/Typed Name	of receipt of hazardous materials co		cept as noted	in item 19.	Date Month Day Year
LLIN	NOIS: 217/782-3637	22 HOUR EMERGENCY AND SPILL	SSISTANCE NUMBERS	OUTSIDE ILLIN	IOIS: 800 / 424-8	<u>07078</u> . 802 or 202 / 426-2675

GENERATOR COPY -- PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 1111/s Section 21, that this information be submitted to the Agency, Failure to provide the information may result in a civil penalty against the owner center.

Center.

## NOTICE OF LAND DISPOSAL RESTRICTION 'F WASTE

PERPASIO NO.

To Designated Facility: Safety-Kleen Ennrosys 633 East 139HhSt Dollon, 12 60419

Under manifest number 12.1655434 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator is hereby providing notice that the waste is restricted and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

Methyl ethyl Keyone

M- Butyl alcohol

methyl 150 butyl Ketone

Treatment Standard

,33 ppm

50 ppm

,75 ppm

Use reverse side for additional constituents

The constituent compositions based upon ( ) attached data or ( ) knowledge of the waste.

### TABLE COWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 apent solvents	Concentration (in mg/l) Wastewaters containing spent solvents	All other spent solvent wastes
	0.05	2.50
	5.D	0.59
Carbon disuffide Carbon tetrachloride	1.05	5.0
Carbon tetrachloride	.05	4.81
Chlorobenzene Chesolis (and cresylic acid)	.15	96
Presols (and cresylic acid) Syclohexanone	2.82	05 75
yclohexanone .2 - dichlorobenzane	.125	./5 .75
	.68	
thyl acetate	.05	.125
	.05	.75
thyl ether	.05	.053
	5.0	.75
fethanol fethylene chloride	.25	5.0
	.20	.75
	12.7	.96
	0.05	.96
lethyl isobutyl kelone iitrobenzene	0.05	0.75
	0.65	0.33
	1.12	0.125 0.33
	0.079	
	1.12	0.05 0.33
	1.05	
	1.05	0.41
	0.062	0.96
	0.06	0.091
ylene	0.05	0.96 0.15

Generator name C	PTERPILL	PC 1	UC,	EPA ID#://	00 500	מממה
Generator representat	ive signature/	n App	1/20/10	18 7411 1		<u> </u>
Name & Title of repre (print or type)	sentative	K KAL	TNEC		n marin	
	No.		PAT AL	1186457	•	

toldene ,33
ethyl benzene ,053

Xylene ,15
methanol ,75

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL 2200 CHL ILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-67 LPC 62 8/81 (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved OMB No. 2050-0039. Expires 9-30-88 **UNIFORM HAZARDOUS** 1. Generator's US EPA ID No. Page 1 Information in the shaded areas is not 141) 98050 required by Federal law, but is required WASTE MANIFEST of 🗽 3. Generator's Name and Mailing Address by Illinois law Alllinois Manifest Document Number 604 **B.IIIinois** Generator's 4. Generator's Phone ( Transporter 1 Company Name Cillinois Tranporter's ID Orrens TRAUSFER D.(3/2) 74/-384(3) ransporter's Phone 7. Transporter 2 Company Name E.Illinois Transporter's ID Transporter's Phone 9. Designated Facility Name and Site US EPA ID Number Gillinois Facility's 633 EAST 13814 ST H.Facility's Phone 210N, 12 60419 1. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12.Containers 14. Unit Total Waste No. Type Quantity KQ WASTE FLAMMABLE LIQUID n.O.S a. EPA HW Numbe Ε FLAMMABLE LIQUID UN 1993 (DCO) DY Ε WASTE COMBUSTIBLE LIQUID nos R b. A COMBUSTIBLE LIQUID NA 1993 (NO. DM т 0 ¢. R Authorization Numb d. EPA HW Number **Authorization Numbe** J. Additional Descriptions for Materials Listed Above

O. PAINT THINNER, SURVEY # 9696 K. Handling Codes for Wastes Listed Above In Item #14 1 = Gallons 2 = Cubic Yards STODDARD SOLVENT SURVEY # 96. the property of the second 15. Special Handling Instructions and Additional Information 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Printed/Typed Name Month Day HERMAN 1102131817 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signatur Month Day 1.02387 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year AYERS KOBERT H. 10268 19. Discrepancy Indication Space 20. Facility wwner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Date Printed/Typed Name Signature Month Day Year

IN ILLINOIS: 21/1/782-3637

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

124 HOUR EMERGENCY AND SPILE ASSISTANCE NUMBERS OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

> PART ~ 5 IEPA PART - 6 GENERATOR

1076

## NOT & OF LAND DISPOSAL RESTRICTION OF WASTE

Designated

SAFETY-KLEAN ENVIROSY STEMS.

120980613

Facility:

633 EAST 1381/1 St

DOLTON, 12 60419

Under manifest number 12 1655525 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator is hereby providing notice that the waste is restricted and the appropriate. treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

	Constituent	40
3	N-Butul Alcohol	ž
	Methy isobuty/ Ketone	= , 0
	Tolvene	

Treatment Stan	dard	<i>C</i> .	59 596
5.0	_ppm '	Use rever	se side
0.05	_ppm	for addit	iona1
1.12	DDM	constitue	nt c

The constituent compositions based upon (ightharpoonup) attached data or ( ) knowledge of the waste.

#### TABLE COWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 spent solvents	Concentration (in mg/l) Wastewaters containing spent solvents	All other spent solvent wastes
Acetone	0.05	0.59
n-Butyl alcohol Carbon disulficie	5.0	5.0
Carbon letrarbinde	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene Cresnia (and resoulis acid)	.15	.05
	2.82	.75
Cyclohexanone	.125	.75
1,2 - dichlorobenzene Ethyl acetate	.68	.125
	.05	.75
	.05	.053
	.05	.75
150001B100	5.0	5.0
	.25	.75
Methylene chloride	.20	.96
	12.7	.96
MODIFIED BY REALINE	0.05	0.75
metry isocuty ketone	0.05	0.73
1-4 ODG (ZB)	0.65	0.33
***************************************	1.12	0.125
TO BOLIO ON THE	0.079	0.05
TOTAL STATE OF THE	1.12	0.33
1.14. Inchorpania	1.06	0.33
1,c,c - 1,c, a0,0 - 1,2,2 particologueue	1915 T	0.96
This not be trying the triangle of triangle of the triangle of	0.062	
THE HOLD ON COLUMN 18 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.05	0.091
Xylene	0.05	0.96 0.15

Generator name CATERPILLAR INC	EPA ID#: 12 D 980 503080
Generator representative signature On behalf of	Cat Inc 12 Kantala
Name & Title of representative NL KANTNER. (print or type)	- HAZ MAT ANALYST



OFFICE USE ONLY

9655

## STE PRODUCTS QUALIFICATION

		☑ Dolton, IL	□ Clarksville, MO
New Castle, KY	☐ Manati, PR	☐ Reedly, CA	□ Elgin, IL
☐ Denton, TX	☐ Hebron, OH	☐ Clayton, NJ	☐ Chicago, IL
	<ul><li>Lexington, SC</li></ul>	Ciayton, No	_ Cinougo, in
		L DISTOLIE CAMELE NO	SURVEY CONTROL NO.
COMPANY		CUSTOMER SAMPLE NO.	
CATERPILLAR INC			7310
PLANT ADDRESS		SAMPLE COLLECTION DATE	SAMPLE/SURVEY RECEIPT DATE
STREET DISBURSEMENTS I	STVISION LD135		05/01/87
CITY	STATE ZIP	WASTE DESCRIPTION	
	I   L   6   1	6 3 0 STODDARD SOLVENT	BUILDING F
EAST PEORIA	X) TCD		Metals E Acid Digest
Volatile Organics (Relativ		H (direct/extracted) 6-7_/	
	C. Mica i or or or or	Solids (centrifuged)	
MINERAL SPIRITS		Vater (total) 6.5	
OTHERS		/iscosity <100	cp   Zn < 100ppm
	9/10 1	riscosity	
		ppecific diarry	ppm   Ti 120ppm
			% wt. Hg NOT DETECT ppm
		40114018tilo i locidado	
	% [	🗓 Flash 🗆 No Flash 💢	
		Fuel Value 🛭 Waste 🗆 Distillation	Bottoms Cdppm
		40, 14,00	рти/ь   — ———————
		Tout Goment	t · · · · · · · · · · · · · · · · ·
		iotal Traingon (minute)	l'ingraphics i
		Ash (from bomb) 0.4	% wt.   Inligances   Cl% wt
	%	Dedienstivity	Br% wt. '
		Radioactivity	0/ 1
1		· · <del>· · · · · · · · · · · · · · · · · </del>	n/ sat had
	%	Recovery (calculated)	% wt./vol.   S% wt.
	%	Phase Information: 2 PHASES; TO	P TAN P% wt
		(75%)BOTTOM WHITE (25%) WATER	
		Additional Analytical Information:	
	%		
	%		
	Total 100 %		
Determinations rea	norted above were chosen baser	d on the sample matrix, and potential recycling	g/disposition options for the waste.
		-1-100	5-14-61
Frances t.	λ:t~	5/13/81 M1 Amuil	Date
Chemist Signature	Cor	mpletion Date Operations Appropal	<u> </u>
	☐ Special Har	ndling	- 46
CORPORATE REVIEW			Quality $(1, q)/(1, \zeta/2)$
March.	sales and Colony Blip :	5/20/87 Transportation NO 5-11	-8 > Control
Environmental 6.5/	and Salety	am represented by the Survey and sa	ample submitted is acceptable at the
Safety-Kleen hereby wa	arrants that the waste stre	am represented by the Survey and so	ad on accept this waste as long as
facility(s) checked belo	w and that said facility(s)	has/have the appropriate permit(s) a	nd can accept this waste do long us
change so as to rende	er the attached Survey and	d sample submitted to Safety-Kleen i	nonrepresentative.
			Please note this approval no. on all
☐ Conditional Approve	리 (See Attached)		shipment manifests.
7h // //	10	5-20-87	9655
Muke	Oury/		Approval No.
Signature		Date	
	Dolton, IL	☐ Manati, PR ☐ Clarks	ville, MO 🔲 Elgin, IL
W New Castle, KY. KYD053348108	ILD980613913	PRD090399718MOD0	029729688 ILD000805911
☐ Clayton, NJ	☐ Denton, TX	☐ Chicago, IL ☐ Hebro	n, OH
NJD069039626	TXD077603371	ILD005450697 OHD9	080587364 SCD07799548
☐ Reedley, CA			•
		·	
CAD093459485			<del></del>



# SPENT MATERIALS/WASTE PRODUCTS QUALIFICATION

9696

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New Castle, KY		☑ Dolton, IL		☐ Clarksville, MO	
☐ Denton, TX ☐ Hebron, OH	83	☐ Reedly, CA		☐ Elgin, IL	e e
☐ Lexington, SC		□ Clayton, NJ		☐ Chicago, IL	
COMPANY	7	CUSTOMER SAMPLE	NO.	SURVEY CONTROL	<b>VO.</b>
CATERPILLAR INC.				7311	55-1170
PLANT ADDRESS		SAMPLE COLLECTIO	N DATE -	SAMPLE/SURVEY RE	CEIPT DATE
DISBURSEMENTS DIVISION				5/01	/87
CITY STATE ZIP		WASTE DESCRIPTION	N	2	
EAST PEORIA I   L   6	1 6 3 0	PAINT THIN	NNER - BUI	LDING F	R <sup>8</sup>
A LXTCO		10 s	, , ,	Metals ∄ di	id Digest
Volatile Organics (Relative Area Per Cent) - FID	pH (direct/	OM. ( 4010 4)	4-5		
N-BUTYL ALCOHOL 22.5 %	Solids (cer				
N-PROPYL ACETATE 0.2 %	Water (tota	al)	0.89		127 E.E. 20,
METHYL ISOBUTYL KETONE 0.6 %	Viscosity	Account of the control of the contro	<u> &lt; 100</u>		
TOLUENE 10.9 %	Specific G	iravity	0.79		
MINERAL SPIRITS 63.2 %	PCBs		_< 50		
OTHERS 2.6 %		e Residue 01L	9.6		DETECTOPM
%	☑ Flash	☐ No Flash	100		2.5
	Fuel Value	e 🗗 Waste □ D	istillation Bo	ttoms Cd	
	Heat Con	tent 18,4	00 B	TU/lb.   — ——	ppm
	Total Halo	gen (titration)	0.3 % wt.	as CI	ppm
%	Ash (from	bomb)	0.1	/ wt. Inorganic	s
				CI	% wt. ;
%	Radioacti	vity		— Br	% wt.
. %	Recovery	(distillation)	% w	rt./vol.   F	% wt.
		(calculated)			% wt.
%	Phase In	ormation: ONE P	HASE, TAN	P	% wt.
9/0					
9/0	Additiona	l Analytical Informa	ation:		
%					
%	1			PARTIE	
Total 100 %	I.				
. iotal		nale matrix and potantic	al recycling/disp	osition ontions for the	wasta
Determinations reported above were chosen ba	ised on the sar	npie matrix and potentia	ar recycling/disp	osition options for the	Waste.
Tranger K Suts	5/19/8	7 m g	acily		5-11-57
	Completion Da	Onereliana /	Approval J		Date
CORPORATE REVIEW					*
Health	idilding.	27 15		Quality A	
Environmental Du 5/2/81 and Safety Acc	1 51 26 /37	Transportation M	M 5-26-87		5-27-87
Environmental & 11-10 and Galety 1-2					entable at the
Safety-Kleen hereby warrants that the waste s	tream repres	the appropriate po	rmit(c) and c	an accept this was	eta as long as
facility(s) checked below and that said facility(	s) nas/nave	the appropriate pe	nin(s) and c	mposition of the w	este does not
all hazards associated with the waste have be	en fairly disc	closed on the Surve	ey and the co	nnposition of the w	asic does not
change so as to render the attached Survey	and sample	submitted to Salety	y-Kieen nonn	epresentative.	
☐ Conditional Approval (See Attached)				Please note this app	roval no. on all
		- 0-		shipment manifests.	2/
hite ( ) ohny		5-27-	87	96	76
Signature		Date		Approval No.	A. SHEA
New Castle, KY. Dolton, IL	□ Ma	nati, PR - C	Clarksville,		Elgin, IL
KYD053348108 ILD980613913		D090399718	MOD0297	29688 1	LD000805911
□ Clayton, NJ □ Denton, TX	☐ Ch	5 '	☐ Hebron, O	MACON CONTRACTOR OF THE CONTRA	exington, SC
NJD069039626 TXD07760337	'1 ILC	005450697	OHD98058	3/364	SCD077995488
☐ Reedley, CA	25		4		
CAD093459485					
					67

## NO. \_E OF LAND DISPOSAL RESTRICTION OF WASTE

To Designated Facility:

SAFETY-KLEAN ENVIROSY ETE ID NO.

120980613913

633 EAST 13814 St

DOLTON, 12 60419

Under manifest number 12 1655525 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator is hereby providing notice that the waste is restricted and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

Constituent
N-Buty/ Alcohol
Methy isobuty/ Kerone
Tolvene

Treatment Standard

5.0 ppm Use reverse side

1.12 ppm

for additional constituents

The constituent compositions based upon (ightharpoonup) attached data or ( ) knowledge of the waste.

### TABLE COWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 spent solvents	Concentration (in mg/l) Wastewaters containing spent solvents	All other spent solvent wastes
n-Butyl alcohol	0.05	0.59
Carbon disulfide Carbon tetrachloride	5.0	5.0
Carbon tetrachloride Chlorobenzana	1.05	4.81
Chlorobenzene Cresots (and cresylic acid)	.05	.96
Cresots (and cresylic acid)	.15	.05
Cyclohexanone 1.2 - dichlomhanzana	2.82	.75
1.2 - dichlorobenzene	125	.75
Ethyl acetate	.68	.125
Ethyl benzene	.05	75
Ethyl ether	.05	.053
Isobutanol	.05	75
Methylene chloride	5.0	5.0 .
	.25	.75 -
TO A STATE OF CHANGE (1001) THE DESIGNATION WAS REPORTED AND ADDRESS OF THE PROPERTY OF THE PR	.20	.96
Methyl ethyl ketone Methyl ischinki kalone	12.7	.98
Methyl isobutyl ketone	0.05	0.75
Nitrobenzene	0.05 -	0.33
Pyridine	0.85	0.125
Tetrachloroethylene Tokuene	1.12	0.33
Tokiene	0.079	0.05
1.1.1 - Trichloroethane	1.12	0.33
1.2.2 - Trichloro - 1,2,2 triflurgethane Trichlormethylene	1.05	0.41
Trichioroethylene Trichioroethylene	1.05	0.96
Trichlorofluoromethane	0.062	0.091
Xylene	0.05	0.98
	0.05	0.15

Generator name <u>CATERPIL</u>	LAR INC	EPA 1D#:	11 D 980 5030B	.·
Generator representative signat	ure On behai	If of Car In	c M Kantal	ربه
Name & Title of representative (print or type)	NL KANT	WER - HAZ	MAT ANALYST	

## CERTIFIED MAIL RETURN RECEIPT REQUESTED

Ms. Nancy Kantner Caterpillar Inc. Rt 6 Channahon Road Joliet, Illinois 60434

> Re: Notice of Violation Caterpillar Inc. ILD 005 070 537

Dear Ms. Kantner:

On June 25, 1987, the Illinois Environmental Protection Agency (IEPA), representing the U.S. Environmental Protection Agency (U.S. EPA), conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above-referenced facility. The purpose of the inspection was to determine the compliance status of your facility with respect to the applicable hazardous waste management requirements of RCRA, including the land disposal restrictions of certain spent solvents. The land disposal restrictions became effective on November 8, 1986, (reference 51 Federal Register 40636: 40 CFR Part 268, and revisions to 40 CFR Parts 260-265 and 270).

With respect to the land disposal requirements section of the inspection, your facility was found to be in violation of certain land disposal requirements as noted below:

- 1. Failure to notify in writing for each shipment of F-Series Solvent wastes the applicable treatment standard and waste analysis data as required by 268.7(a)(1).
- 2. Failure to revise waste analysis plan to include 40 CFR Part 268 in accordance with Section 265.13.

A copy of the inspection report is enclosed for your records. Please submit to this office, within thirty (30) days of receipt of this Notice of Violation, documentation demonstrating that the above-cited violations have been corrected and indicating what measures have been initiated to assure future compliance. Failure to correct the violation(s) may subject the facility to further Federal enforcement action.

If you have any questions regarding this correspondence, please contact Barbara Russell of my staff at (312) 353-7922.

\$45 Y

1124

Sincerely yours,

William E. Muno, Chief RCRA Enforcement Section

Enclosure

cc: Harry Chappel, IEPA Glenn Savage, IEPA

bcc: Paul Dimock

### P-487 467 811

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL (See Reverse)

U.S.G.P.O. 153-506 Certified Fee June 1985 SHE-12 Special Delivery Fee Restricted Delivery Fee Return Receipt showing to whom and Date Delivered. 70 Return Receipt showing to Date, and Address of Date TOTAL Postage and Feet PS Form 3800, Postmark or Date Fold at line over top of envelope to

SENDER: Complete items 1 and 2 when addition  Put your address in the "RETURN TO" space on the love	rvices are desired, and complete items 3 and 4
card from being returned to you. The return receipt fee wildelivered to and the date of delivery. For additional fees to postmaster for fees and check box(es) for additional servi-	rill provide you the name of the person the following services are available. Consult
1. 🔀 Show to whom delivered, date, and addressee's add	dress. 2. $\square$ Restricted Delivery.
3. Article Addressed to:	4. Article Number P487467811
MS. NANCY KANTNER	Type of Service:
CATERPILLAR INC.	Registered Insured
RT 6 CHANNAHON ROAD JOLIET, IL 60434	Certified COD Express Mail
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent X Sterkellend	
7. Date of Delivery JAN 1 4 1996	

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e e			
•			
	•		
	•		
	•		



### CATERPILLAR TRACTOR CO.

RECEIVED

Joliet, Illinois 60434 February 19, 1985

Valdas Adamkus EPA Regional Administrator 230 S. Dearborn Chicago, IL 60604

Sir:

RE: Exception Report for Enclosed Manifest, IL 1139351

This nonhazardous load of grinds and fines (Authorization #832067) is frozen and cannot be unloaded. The container is currently at the Banner yard and will be unloaded when the weather permits.

Yours truly,

No Kintner

Hazardous Materials Analyst

NLKantner Purchasing (815) 729-5740 dlj

cc: Illinois EPA/Division of Land Pollution Control Banner/Western Disposal Co./Div. of Waste Management, Inc ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CF" "CHILL ROAD, SPRINGFIELD, ILLINÓIS 62706 (217) 782-6" 1

IL532-0610

LPC 62 8/81

		ASTE MANIFEST		005070537	Document No.	2. Pag	ge 1 Informative required by Illino	t by Federal lav is law.	w, but is n
1	Generator a terro	s Name and Mailing Addr lar fracter Co los 504 111 nois rs Phone ( 215 )	ress 729-5721			I L B.IIlino	nis Manifest Doo		
5. `	Transport	ter 1 Company Name		6. US EPA ID Nur		C.Illino	ois Tranporter's	ID 💝 🕆	riei:
		r Disposal ter 2 Company Name		8. HS EPA ID Nur		D.( 3	19 725-420	Transp	orter's l
1.	ransport	ter 2 Company Name		8. US EPA ID Nur	mber		is Transporter's		
Ç	roy To	ed Facility Name and Site Inc. Dwnship , Hound , Illinois 60436		10. US EPA ID Nur	mber	Gilline Fac ID H.Fac	ois liture	7817	
ـــــ				ame, Hazard Class, and ID Numb	ber) 12.Cont		13.	14.	
	НМ		e en of a		No.	Туре	Total Quantity	Unit Wt/Vot	Waste
a.							4.		EPALHW N
		HON-HAZARDONS		$\hat{\tau}_{i,\tau} = -i - \tau \cdot \kappa$	20.7	_mh.s		Aut	therization
b.					<u> </u>	CA	O O O O T IS	- 1	EEN (HW) N
		est as a					1 1 1	in the second	
c.				en en en grade de la companya de la La companya de la co			ingte A		EPA HW N
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15	stability  i. Special I	GRINDS & FINDS FLOOR SWEEPINGS Handling Instructions and	Additional Informa  N: I hereby declare	tion  e that the contents of this consign		and ac	Curately descri	r Wastes Lis	sted Ab
15	i. Special l	GRINDS & FINDS FLOOR SWEEPINGS Handling Instructions and ATOR'S CERTIFICATIO by proper shipping name a	Additional Informa  N: I hereby declare and are classified,	tion	nd are in all re	y and acspects	Curately descri	wr. Wastes Lis	sted Ab
15	i. Special I	GRINDS & FINDS FLOOR SWEEPINGS Handling Instructions and MATOR'S CERTIFICATIO by proper shipping name a sport by highway according	Additional Informa  N: I hereby declare and are classified,	e that the contents of this consignance, marked, and labeled, and ternational and national governm	nd are in all re	y and acspects	Curately descri	bed dition ons.	sted Ab
15	i. Special I	GRINDS & FINDS FLOOR SWEEPINGS Handling Instructions and EATOR'S CERTIFICATIO by proper shipping name a sport by highway accordin	Additional Informa  N: I hereby declare and are classified, ng to applicable in	e that the contents of this consign	nd are in all re	y and acspects	Curately descri	bed ition ons.	Date of the property of the pr
15	i. Special I i. Special I i. Special I ii. Special I ii. Special I iii. Special I	GRINDS & FINDS FLOOR SWEEPINGS Handling Instructions and EATOR'S CERTIFICATIO by proper shipping name a sport by highway accordin	Additional Informa  N: I hereby declare and are classified, ng to applicable in	e that the contents of this consignance, marked, and labeled, and ternational and national governments.	nd are in all re	y and acspects	Curately descri	bed dition ons.	Date on the Date of the Date o
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115	i. Special I i. Special I i. GENER above b for trans Printed/ Transpor	FLOOR SHEPTHS FLOOR SHEPTHS  Handling Instructions and  ATOR'S CERTIFICATIO by proper shipping name a sport by highway according  Typed Name  Typed Name  Typed Name  Jarry 8	Additional Informa  N: I hereby declare and are classified, ng to applicable in the Information of Receipt of Mail Cachelland	tion  that the contents of this consign packed, marked, and labeled, and ternational and national governmental Signature  Signature  Signature	nd are in all repental regulation	y and acspects	Curately descri	wr Wastes Lis	Date on the Date of the Date o
115	i. Special I i. Sp	FIGUR SHEPINGS FLOOR SHEPINGS Handling Instructions and Disperse Shipping name a sport by highway according Typed Name Typed Name  Jerry B  Terry B  Terry B	Additional Informa  N: I hereby declare and are classified, ng to applicable in the Information of Receipt of Mail Cachelland	tion  e that the contents of this consign packed, marked, and labeled, and ternational and national governm  Signature  terials  Signature  erials	nd are in all repental regulation	y and acspects	Curately descri	wr Wastes Lis	Date onth Date onth Date of Land on Date on Da
15 16 17.	i. Special I i. Sp	FLOOR SHEPTHS FLOOR SHEPTHS  Handling Instructions and  ATOR'S CERTIFICATIO by proper shipping name a sport by highway according  Typed Name  Typed Name  Typed Name  Jarry 8	Additional Informa  N: I hereby declare and are classified, ng to applicable in the Information of Receipt of Mail Cachelland	tion  that the contents of this consign packed, marked, and labeled, and ternational and national governmental Signature  Signature  Signature	nd are in all repental regulation	y and acspects	Curately descri	bed dition ons.	Date on the Date of Date of Date on the Date of Date o
15	i. Special I i. Sp	FIGUR SHEPINGS FLOOR SHEPINGS Handling Instructions and Disperse Shipping name a sport by highway according Typed Name Typed Name  Jerry B  Terry B  Terry B	Additional Informa  N: I hereby declare and are classified, ng to applicable in the Information of Receipt of Mail Cachelland	tion  e that the contents of this consign packed, marked, and labeled, and ternational and national governm  Signature  terials  Signature  erials	nd are in all repental regulation	y and acspects	Curately descri	bed dition ons.	Date on the Date of Date of Date on the Date of Date o
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15 16 17. 18.	i. Special I i. Sp	FLOOR SHEPTINGS  Handling Instructions and  ATOR'S CERTIFICATIO by proper shipping name a sport by highway according  Typed Name  Other 2 Acknowledgement  Typed Name  Typed Name  Typed Name  Owner or Operator: Cert	Additional Informa  N: I hereby declare and are classified, ng to applicable in to f Receipt of Matter 1 or Receipt of Matter 2 or Receipt 0 or Receip	tion  e that the contents of this consign packed, marked, and labeled, and ternational and national governm  Signature  terials  Signature  erials	nd are in all regental regulation	y and ac spects ons, and	curately descri	bed dition ons.  Mo.	Date on the Date of the Date o
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**Determination: NFA** 

## PA/VSI Or RFA FILE REVIEW CHECKLIST

Facil	ity Nar	ne: Ca	terpillar Tractor
EPA	ID: IL	D 005 (	O70 537 City: 2200 Channahon Rd Joliet, Will Co State: IL_
Nam	e of Re	eviewer	: Maureen McHugh Date of Review: 8/14/08
1	Yes	No	Is this a one folder site?
2	Yes	No	Are there Superfund files for this site?
3	Yes	No	Did you Read the Executive Summary?
			There are: SWMUs and AOCs at this site.
4	Yes	No	Did you review the regulatory history?
5	Yes	No	Does the facility have interim status or a permit?
			This facility is a: SQG,X LQG, or Less than 90 day.
6	Yes	No	Was the Facility closed per RCRA? RCRAInfo 380 (1994)
			If Yes, was the closure: _X_ CC, or CIP.
7	Yes	No	Are there documented (historical) releases? Briefly describe on Page 2.
8	Yes	No	Were there releases identified during the inspection? Briefly describe on Page 2.
9	Yes	No	Do you agree with the Conclusions and Recommendations?
			If No, briefly describe on Page 2.
As a	result o	of your r	eview of the PA/VSI or RFA file, please classify this site as:
and	any oth	er SWM	corrective action recommended or warranted: These are sites that closed the regulated units Us or AOCs at the site did not warrant any further corrective action (no historic releases or observed during the Visual Site Inspection).
SW	vestiga MU or A	tion that AOC and	ion Required: Soil or sediment sampling or groundwater sampling or monitoring or any type was recommended in the report in response to a documented or observed release at any d where such investigation, whether being addressed during the inspection or after, does not documentation in the facility record files.
	Mo	re Infor	nation Needed: There is no RFA, PA/VSI or RCRA closure information available.

## PA/VSI Or RFA FILE REVIEW CHECKLIST

Notes
The site has a landfill with no known liner or diversion system and it contains an estimated 140 drums of toxic waste buried on site. Potential for leaching of contaminants into groundwater and surface water. Groundwater is used as a drinking water source.  Groundwater sampling scores warranted at this site according to IEPA letter
Briefly describe any documented (historical) releases for any SWMU or AOC recorded in the report. For each release,
please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
PA/VSI Recommendations
Superfund NFRAP
States Site Unit Status: Completed. Enrolled in the Site Remediation Program in 2004.
Emones in the Site Remediation Program in 2001.

## CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

CILITY NAME:Caterpillar Inc, 1970450028	
A I.D. HUHBER: ILD 005070537	
CATION CITY: Rt. 6, Joliet	
ATE: IL	
Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTES UNITS CURRENTLY IDENTIFIED IN THE PARTAPPLICATION. PART B APPLICATION. OR ANY CLOSURE PLAN FOR THE FACILITY.	r T A
YES. NO	
landf111 ?	
Land Farm	
Storage Tank (Above Ground)	
Storage Tank (Underground)	
Ontainer Storage Area [Injection Wells	
Jastewater Treatment Units	
Vastewater Treatment Units  Fransfer Stations  Jaste Recycling Operations	
laste Recycling Operations	
Aste Treatment, Detoxification X	
therX	
If there are "yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of was disposed on and the dates of disposal. Please also provide a description of each unit a include capacity, dimensions, location at facility, provide a site plan if available.  Project underway with M. Nienkerk of the Springfield Office of	ease
I.E.P.A. to study above site.	
above site.	

3. For the units noted in Number 1 above and also those hazardous waste units identified in your Part A. Part B or any closure plan, please describe (for each unit) any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or that may still be occurring.

RECEIVED
DEC 0 7 1989
IEPA-DLPC

45555 A

Other (please explain)	
t the documents which accompany the Release Certification 5/2	
List of Permite	
	2 Pages 1 Page
Plant Site, Drawing 1	2 Pages
List of Permits  Plant Site, Drawing 1  Area Map, Drawing 2  Attachment 1	2 Pages 1 Page

#### POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

Please complete Attachment 1. If you choose not to complete this form, please attach an explanation for this decision. If you have already completed this form and submitted it to the Agency, please include a copy of it with the information form being submitted.

### VI. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my kowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

John M. Barrowman

Plant Manager

JM:mab/514j/sp/1-3

72111537 Paint Booth 73020143 Boiler 73031765 Gas Fired Heaters 73031767 Gas Fired Machine Tools 73031794 Fugitive Dust Control Equipment 73060396 Chrome Plating Bldg. E 73070008 Chrome Plating MJ3505 & 3506 73100017 Shot Blast 74010115 Burr & Glass Bead Operation 74010116 MJ5841 Package Line Paint Booth C-5-K 74020021 MJ5862 Casting Paint Booth 75080224 Boilers 1 and 2 81030007 Chrome Plating, HX279, 86100017 Automotive Fuel Tanks Chrome Plating, HX279, HX280, HX281 86100055 Propane Storage Tank 86100076 No Carb Paint Booth 87100074 Waste Water Treatment Chemical & Bulk Tanks B8710005 Burning Permit for Fire Training

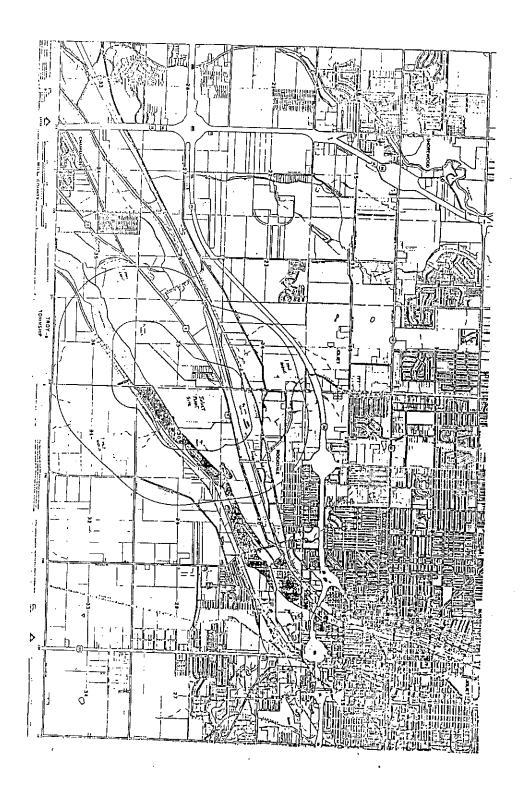
### B. Waste Disposal

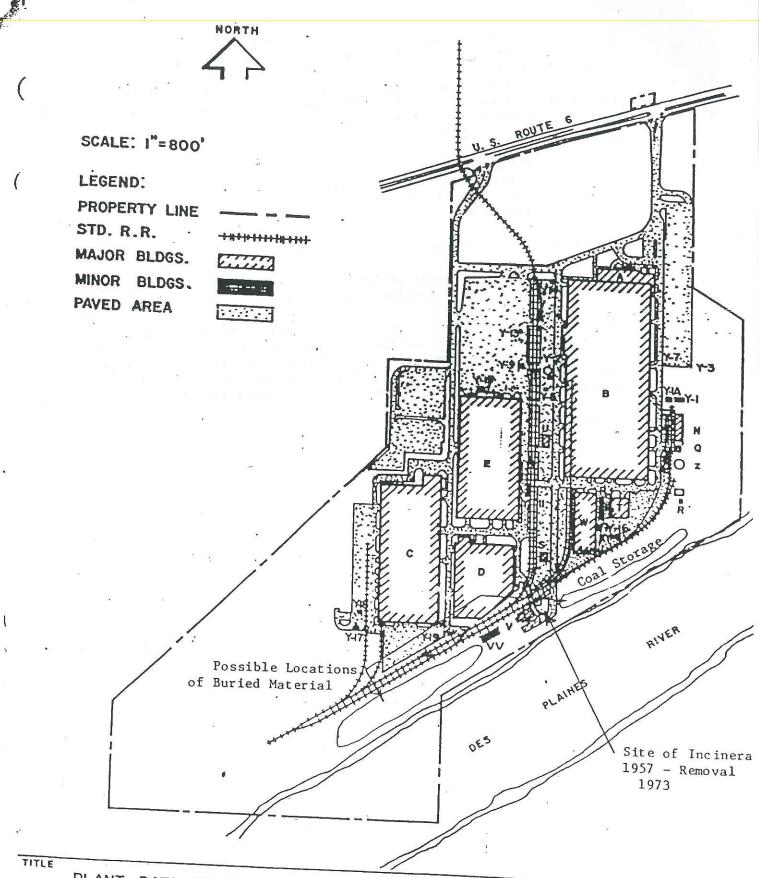
782145 Non Flammable Paint Sludge 812321 Grinds, Fines, and Floor Sweepings 820125 Lap Silt Solids 820939 Lap Silt Solids 822783 Non Flammable Paint Sludge 831305 Waste Water Treatment Sludge Waste Water Treatment Sludge 831439 831948 Scrubber Sludge 832067 Grinds, Fines, and Floor Sweepings 840262 Cinders 841478 Scrubber Sludge 841479 Scrubber Sludge 850967 Non Flammable Paint Sludge 870713 Waste Water Treatment Sludge 870759 Scrubber Sludge Scrubber Sludge 870802 870837 Scrubber Sludge 880105 Lap Silt Solid 921765 Spent Solvents 940155 Waste Oil 950420 Waste Oil 960715 Nickel Plating Solution 995470 Alkaline Cleaner with Chrome 995951 Waste Oil

- NOTE 1: Many of these permits are backup in that they are used if the primary disposal firm is unable to receive waste.
- NOTE 2: Additional General Permits from Chemclear, Envirite, and Safety Kleen are not included since they are not in Caterpillar's name.
- C. N.P.D.E.S. Permit IL0001732

bc/permits.qk

PLANT SITE





#### ATTACHMENT A

The Joliet Plant was built in 1950. At that time, there were some low areas near the southern part of the lot. To fortify these low areas, there is a possibility that between 1951 to 1981 some wastes were land filled. See Attachment B for approximate locations of this fill. Although no formal records exist verifying that waste was disposed or disposed of in the area identified, older employees at the facility estimate the following materials may have been deposited there:

Est. 100 drums kolene sludge

Est. 10 drums chromic acid sludge

Est. 20 drums paint sludge

Est. 2 kolene pots

This material totals about 7,400 gallons.

These materials were never analyzed prior to disposal but it is possible they could have been corrosive or E.P. toxic.

In 1957 the plant constructed an incinerator to burn waste water treatment plant sludges. This incinerator was operated until 1973. At that time, the incinerator was demolished and a building constructed at that location. See Attachment B for incinerator location. We have no knowledge as to the characteristics or the volume of the incinerated material.

drb6136400

# CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

F	ACILI	TY NAME:	Caterpillar Tractor
EPA	I.D.	NUMBER:	ILD 980503080
LOC	ATION	CITY:	2700 McDonough St., Joliet
		STATE:	Illinois
1.	close	d) at you	of the following solid waste management units (existing or facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS IN YOUR PART A APPLICATION
2.	Substitute of its would recreate the state of the state o	torage Tar container Sinjection Na astewater ransfer Sin aste Recycleste Tread ther there are ide a desin each und be cons Also i	X X X X X X X X X X X X X X X X X X X
	Prov	ide a sit	plan if available.
	No	ot Applica	ble
6			

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

abl to	the units noted in Number 1 above and also those hazardous waste units your Part A application, please describe for each unit any data availe on any prior or current releases of hazardous wastes or constituents the environment that may have occurred in the past or may still be urring.
Ple	ase provide the following information
С.	Date of release Type of waste released Quantity or volume of waste released Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)
	No Known Releases
tha	
	ardous wastes or constituents present in contaminated soil or groundwat
	ardous wastes or constituents present in contaminated soil or groundwat
	ardous wastes or constituents present in contaminated soil or groundwat
I copredes the who the true ties and	No Known Releases  Sertify under penalty of law that this document and all attachments were epared under my direction or supervision in accordance with a system signed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or persons or manage the system, or those persons directly responsible for gathering information, the submittal is, to the best of my knowledge and belief,
I copredes the who the true ties and 40	ertify under penalty of law that this document and all attachments were epared under my direction or supervision in accordance with a system igned to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or persons manage the system, or those persons directly responsible for gathering information, the submittal is, to the best of my knowledge and belief, see, accurate, and complete. I am aware that there are significant penales for submitting false information, including the possibility of fine imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and CFR 270.11(d))  Typed Name and Title
I copredes the who the true ties and 40	No Known Releases  Pertify under penalty of law that this document and all attachments were epared under my direction or supervision in accordance with a system signed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or persons manage the system, or those persons directly responsible for gathering information, the submittal is, to the best of my knowledge and belief, accurate, and complete. I am aware that there are significant penal is for submitting false information, including the possibility of fine imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and CFR 270.11(d))

## CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

FAC	ILITY P	NAME:	Cate	rpillar	Tracto	r Co.					•
EPA I	.D. NUM	MBER:	ILD	00507053	7						
LOCAT	ION C			oute 6,	P.O. B	ox 504,	Jolie	et			ě
	SI	ATE:	<u>Illino</u>	ıs							-
c1	osed)	at vour	- facili	following ty? NOTE IR PART	E - DO	NOT INC	nanageme LUDE HA	ent uni ZARDOUS	ts (exi WASTE	sting or UNITS	•
						YES		<u>NO</u>			
0	Land Waste Incin	ce Impo Farm Pile erator	oundment	***************************************	i van 1 Februari	<del></del>		X X X X			
0				e Ground rground)				A			
0	Conta		torage /				20	X X X X X X	<b>3</b> 0		
٥	Waste	water '	Treatme	nt Units				X			
0	Waste	fer St Recyc	ling Ope	erations				<u>X</u> <u>X</u>			
- 0	Waste Other		ment, D	etoxific	ation			X			
P O W R d O	f there rovide f in ea ould be CRA. Fisposed f each	a descach uni e consi Also in d of an	ription t. In dered a clude a d the d and incl	of the particul s hazard ny avail ates of	wastes ar, pl lous wa able d dispos acity,	that we ease for stes or ata on cal. Ple	re stor us on w hazardo uantiti ase als	red, tro whether ous cons les or so prov	eated of or not stituen volume ide a d	e, pleas r dispos the was ts under of waste escriptiacility.	tes tes
	Not Ap	plicabl	Le							- 10 10	
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NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

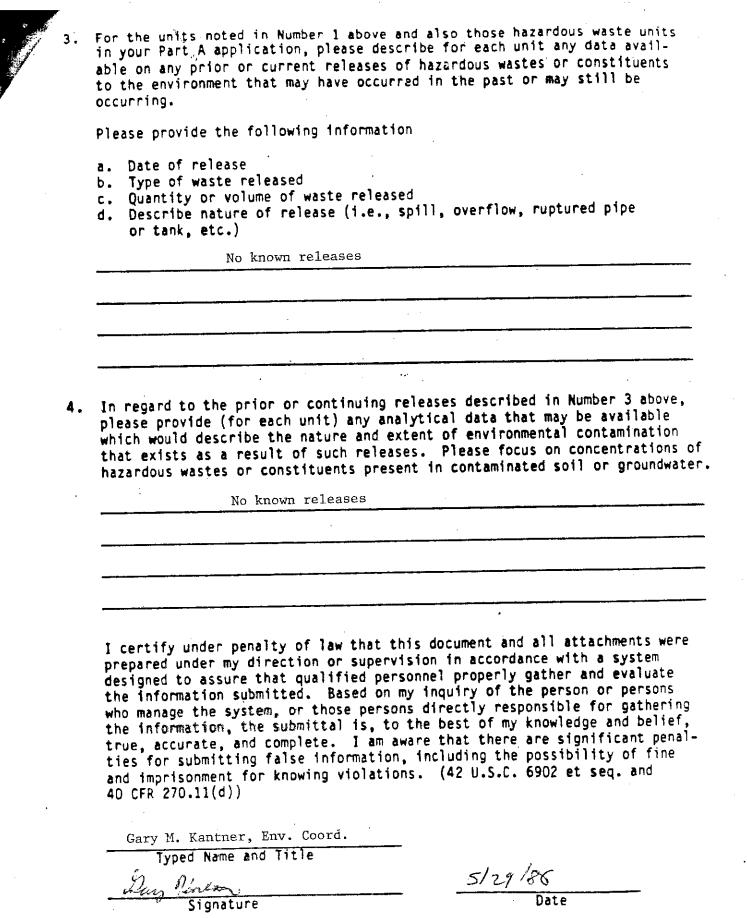
	For the units noted in Number 1 above and also those hazardous waste us in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constitute to the environment that may have occurred in the past or may still be occurring.	il-
i.	Please provide the following information	
	<ul> <li>a. Date of release</li> <li>b. Type of waste released</li> <li>c. Quantity or volume of waste released</li> <li>d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)</li> </ul>	
	No Known Releases	
	which would describe the nature and extent of environmental contaminations and extent of e	
	that exists as a result of such releases. Please focus on concentrat hazardous wastes or constituents present in contaminated soil or ground No Known Releases	ions of
	I certify under penalty of law that this document and all attachments prepared under my direction or supervision in accordance with a system	ions of ndwater were
	that exists as a result of such releases. Please focus on concentrat hazardous wastes or constituents present in contaminated soil or ground No Known Releases  I certify under penalty of law that this document and all attachments	were mate ons ering lief, penal-ine
	I certify under penalty of law that this document and all attachments prepared under my direction or supervision in accordance with a systed designed to assure that qualified personnel properly gather and evaluthe information submitted. Based on my inquiry of the person or perswho manage the system, or those persons directly responsible for gath the information, the submittal is, to the best of my knowledge and be true, accurate, and complete. I am aware that there are significant ties for submitting false information, including the possibility of f and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))	were mate ons ering lief, penal-ine
	I certify under penalty of law that this document and all attachments prepared under my direction or supervision in accordance with a syste designed to assure that qualified personnel properly gather and evalu the information submitted. Based on my inquiry of the person or pers who manage the system, or those persons directly responsible for gath the information, the submittal is, to the best of my knowledge and be true, accurate, and complete. I am aware that there are significant ties for submitting false information, including the possibility of f and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))	were mate ons ering lief, penal-ine

## SOLID WASTE MANAGEMENT UNITS

Caterpillar Tractor Co.

FACILITY NAME:

	ILD005070537	
A I.D. NUMBER: _	A Lambarda La	
CATION CITY: _	U.S. Route 6, P. O. Box 504,	Joliet
STATE:	Illinois	
closed at vour	f the following solid waste manage facility? NOTE - <u>DO NOT INCLUDE N</u> IN YOUR PART A APPLICATION	ement units (existing or HAZARDOUS WASTE UNITS
<ul> <li>Storage Tank</li> <li>Container St</li> <li>Injection We</li> <li>Wastewater</li> <li>Transfer St</li> <li>Waste Recyc</li> </ul>	(Above Ground) (Underground) corage Area	NO
provide a desc of in each uni would be consi RCRA. Also in disposed of an	Yes" answers to any of the items ription of the wastes that were st. In particular, please focus of dered as hazardous wastes or hazardude any available data on quant dithe dates of disposal. Please and include capacity, dimensions a plan if available.  See Attachment A	in whether or not the wast indous constituents under lities or volume of wastes also provide a description
	Dec Medalinas de la companya del companya del companya de la compa	
	4	·
NOTE: Hazard	ous wastes are those identified i	n 40 CFR 261. Hazardous
consti	tuents are those listed in Append	TX VIII OT 40 CFR PARE 2



#### ATTACHMENT A

The Joliet Plant was built in 1950. At that time, there were some low areas near the southern part of the lot. To fortify these low areas, there is a possibility that between 1951 to 1981 some wastes were land filled. See Attachment B for approximate locations of this fill. Although no formal records exist verifying that waste was disposed or disposed of in the area identified, older employees at the facility estimate the following materials may have been deposited there:

Est. 100 drums kolene sludge

Est. 10 drums chromic acid sludge

Est. 20 drums paint sludge

Est. 2 kolene pots

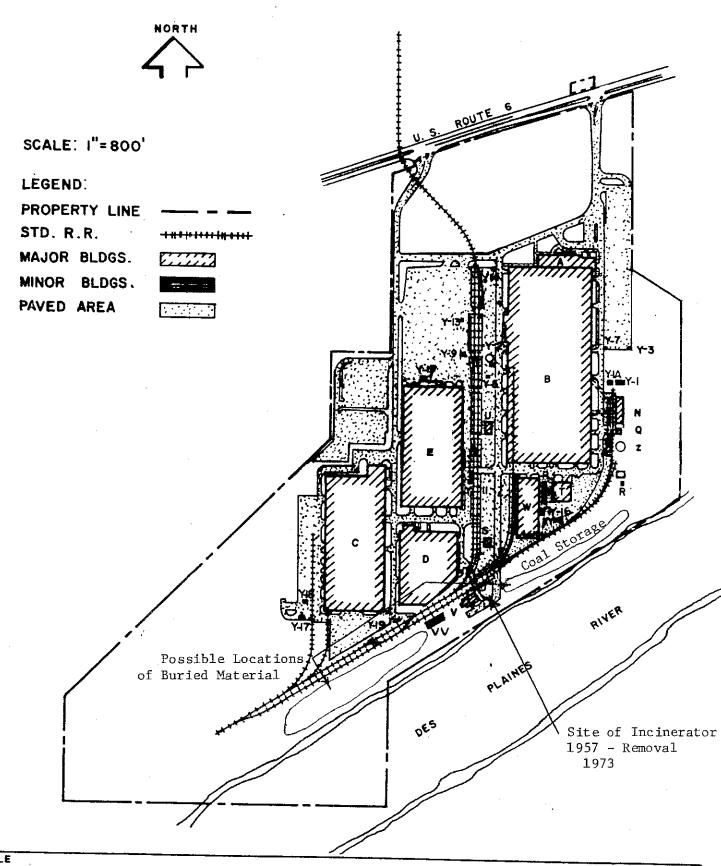
This material totals about 7,400 gallons.

These materials were never analyzed prior to disposal but it is possible they could have been corrosive or E.P. toxic.

In 1957 the plant constructed an incinerator to burn waste water treatment plant sludges. This incinerator was operated until 1973. At that time, the incinerator was demolished and a building constructed at that location. See Attachment B for incinerator location. We have no knowledge as to the characteristics or the volume of the incinerated material.

drb6136400

NUMBER B5.110



PLANT DATA SHEET JOLIET, ILLINOIS

PAGE | OF 5